N1600000 Sz95

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PICK-UP	WAIT	MAIL
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TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	E DIVINE PURPO	SE OF H.E.R. II	NC 		
N16000 DOCUMENT NUMBER:	005295				
The enclosed Articles of Amendment	and fee are submit	ted for filing.			
Please return all correspondence cond	erning this matter t	o the following:			
Derico D Jones Jr					
	(N	ame of Contact P	erson)		
eBurst Services Inc					
		(Firm/ Compan	y)		_
2550 Okeechobee Blvd, G1+2					20 7
	<u> </u>	(Address)	-		TACR SE
West Palm Beach, FL 33409					2024 SEP -6 PM 3: 3
	(C	ity/ State and Zip	Code)		1500 PR
ra@websolver.net					بي جي ا
E-mail add	dress: (to be used fo	r future annual re	port notification	n)	THE U
For further information concerning the	iis matter, please ca	II:			
Derico D Jones Jr		aí	561	962-1022	
(Name o	f Contact Person)		(Area Code)	(Daytime Teleph	one Number)
Enclosed is a check for the following	amount made paya	ble to the Florida	Department of	State:	
		\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certifi is Certif	Filing Fee cate of Status ed Copy tional Copy is sed)	
Mailing Address Amendment Sectio	n		reet Address mendment Secti	on	
Division of Corpor P.O. Box 6327		D:	ivision of Corpo ne Centre of T	rations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

THE DIVINE PURPOSE OF H.E.R. INC

Name of Corporation as currently filed with the Flo	orida Dept. of State)
N16000005295	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida imendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	The new orporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO)</u>	<u>X</u>)
D. If amending the registered agent and/or register new registered agent and/or the new registered of	
Name of New Registered Agent:	AHRY ARY
<u>New Registered Office Address:</u>	(Florida street address)
_	(City) (Zip Code)
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change Add	Assistant E	Greene, Shelonda	1691 Forum Place Suite B West Palm Beach, FL 33413
 X Remove 2) Change X Add 	Assistant C	Shelanda Green	1260 Northlake BNd, #1050 Lake Park, FL 33403
Remove 3) Remove Add Remove			2021 S E
4) Change Add			CRETARY ALLIANA
Remove 5) Change Add			SSEE 35
Remove 6) Change Add			111
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	

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The date of each amendment date this document was signed	t(s) adoption:	/6/2024 ————				_, if other than the
Effective date if applicable:	9/6/2024					
	(no n	nore than 90 da	ys after amendme	nt file date)		<u></u>
Note: If the date inserted in the document's effective date on t				ng requirements,	this date will not	be listed as the
Adoption of Amendment(s)	(<u>CF</u>	HECK ONE)				
☐ The amendment(s) was/w was/were sufficient for a		he members and	d the number of vo	otes cast for the a	mendment(s)	

0	There are no men adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.
	Dated	9/6/2024
	Signature	Shelande
		By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
		Shelanda Green
		(Typed or printed name of person signing)
		Assistant Director
		(Title of person signing)

2024 SEP -6 PH 3: 35 SECRETARY OF STATE