

N180000009055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

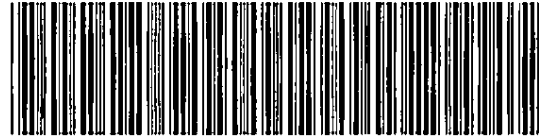
Special Instructions to Filing Officer:

Q. SILAS

JUN 20 2022

6/10/22

Office Use Only



400379594894

01/18/22--01016--002 **25.00

06/17/22--01023--007 **10.00

SECRETARY OF STATE
TALLAHASSEE, FL

JUN 10 PM 7:25

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JUN 10 AM 8:09

February 3, 2022

TIFFANY LARKINS
1317 EDGEWATER DR. SUITE 1401
ORLANDO, FL 32804

SUBJECT: DIVAS OF SARASOTA, INC
Ref. Number: N18000009055

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a NOT PROFIT CORPORATION. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 322A00002766

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DIVAS of Sarasota, Inc.

DOCUMENT NUMBER: N18000009055

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tiffany Larkins
(Name of Contact Person)

DIVAS of Sarasota, Inc.
(Firm/ Company)

P.O. Box 483
(Address)

Sarasota, FL 34230
(City/ State and Zip Code)

tiffany.larkins@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tiffany Larkins at 941-518-5055
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
|---|---|--|--|

* \$25 money order paid.
Including another \$10 money order

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street Suite 810

Articles of Amendment
to
Articles of Incorporation
of

FILED

Divas of Sarasota, Inc.

JUN 10 PM 7:25

(Name of Corporation as currently filed with the Florida Dept. of State)

~~DIVAS of Sarasota, Inc.~~ W18000009055

SECRETARY OF STATE
TALLAHASSEE, FL

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

D. I. V. A. S. Mentoring and Leadership Academy, Inc. The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1317 Edgewater Dr. Suite 1401
Orlando, FL 32804

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

PO Box 483
Sarasota, FL 34230

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: N/A

(Florida street address)

New Registered Office Address:

_____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>N/A</u>	<hr/>	<hr/>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<hr/>	<hr/>	<hr/>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<hr/>	<hr/>	<hr/>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<hr/>	<hr/>	<hr/>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<hr/>	<hr/>	<hr/>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<hr/>	<hr/>	<hr/>

F. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: 6/3/22, if other than the date this document was signed.

Effective date if applicable: 6/3/22
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 6/3/22

Signature T. Larkins
(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)

Tiffany Larkins
(Typed or printed name of person signing)

President
(Title of person signing)