

N19000006982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

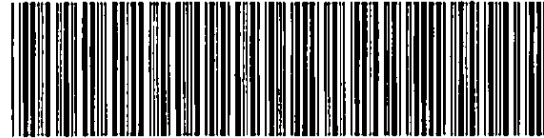
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

File  
Amend.



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02/05/21--01014--026 \*\*35.00

FILED  
2021 MAY 21 PM 4:14  
TALLAHASSEE, FL

JUL - 1 2021  
C. Kinsey



RECEIVED

2021 MAY 21 AM 8:12

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 29, 2021

GLORIA SMITH  
1721 NW 191 STREET  
MIAMI GARDENS, FL 33056

SUBJECT: GLORIA'S DEVINE MEDICAL MISSION, INC.  
Ref. Number: N19000006982

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the date that the original document was filed.

Please complete the Amendment form (enclosed).

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 Moore  
Regulatory Specialist II

Letter Number: 421A00006540

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: GLORIA'S DEVINE MEDICAL MISSION, INC.

DOCUMENT NUMBER: N19000006982

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

Please return all correspondence concerning this matter to the following:

GLORIA SMITH

(Name of Contact Person)

GLORIA'S DEVINE MEDICAL MISSION, INC

(Firm/ Company)

1721 NW 191 STREET

(Address)

MIAMI GARDENS, FL 33056

(City/ State and Zip Code)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GLORIA SMITH

(Name of Contact Person)

at 305 3363808  
(Area Code) (Daytime Telephone Number)

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

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

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

GLORIA'S DEVINE MEDICAL MISSION, INC.

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

N19000006982

\_\_\_\_\_  
(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:**

GLORIA'S DIVINE MEDICAL MISSION, 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)*

N/A

**C. Enter new mailing address, if applicable:**

*(Mailing address MAY BE A POST OFFICE BOX)*

N/A

**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:*

N/A

\_\_\_\_\_, 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*



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

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

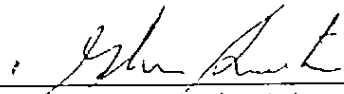
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 MAY 17, 2021

Signature   
(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)

GLORIA SMITH  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)