N21000010835

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	Idress)	
(Ci	ty/State/Zip/Phon	e #)
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2021 SEP 27 AM 10: 4

Genice White 340 Garden St Daytona Beach, FL 32114

September 20, 2021

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

To Whom It May Concern,

I would also like to be informed when the changes to the Articles of Incorporation are made for Divine Divaz Motorcycle Club Inc. Below I'm providing my telephone number, return address and email address. Email notification is preferred.

Genice White 340 Garden St Daytona Beach, FL 32114 386-290-5457 Genice.white@yahoo.com

Thank you,

Genice White

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	otorcycle Club Volusia Inc.
N21000010835	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Monique N Anderson	
	(Name of Contact Person)
Divine Divaz Motorcycle Club Volusia Inc	
	(Firm/ Company)
375 Bill France Blvd Apt 62	
	(Address)
Daytona Beach, FL 32114	
	(City/ State and Zip Code)
Phoenx.rising@icloud.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ease call:
Monique N Anderson	704-287-2447 atat
(Name of Contact Per	rson) at (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:

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

FILED

_. Florida

(Zip Code)

2021 SEP 27 AM 10: 46 Divine Divaz Motorcycle Club Volusia Inc. (Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE TALLAHASSEE, FLUID N21000010835 (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: 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: N/A

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.

(City)

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	<u>V</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	TREA	Genice White	
X Remove			6 Lakewood Dr Ormond Beach FL
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or adding (attach additional sheet	z addition: s. if necess	al Articles, enter change(s) here: ary). (Be specific)	
N/A			
		•	
	-		

	
The date of each amendment(s) adoption:	
date this document was signed.	, if other than the
N/A	
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 require document's effective date on the Department of State's records.	ements, this date will not be listed as the
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 Sept ENBER 19, 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)
	Monique N Anderson
	(Typed or printed name of person signing)
	President

(Title of person signing)