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COVER LETTER

TO: Amendment Section.
Division of Corporations

NAME OF CORPORATION	DIVINE GLOBAL :	RECOVERY INC			
DOZUIMENT ATRADED.	N21000010956				
DOCUMENT NUMBER: _					
The enclosed Articles of Am	endment and fee are sub	mitted for filing.			
Please return all corresponde	nce concerning this matt	er to the following:			
		Dena Neice			
*** * * * * * * * * * * * * * * * * *		(Name of Contact F	Person)		
	Di	vine Global Recover	y Inc		
		(Firm/ Compan	ıy)		
	805 LA	VILLA RD.PUNTA	GORĐA 3	3950	
		(Address)			
	PUP	NTA GORDA, FLOF	RIDA 3395	50	
		(City/ State and Zip	Code)		
		denancice@gma	il.com		
Е	-mail address: (to be use	d for future annual re	port notific	cation	1)
For further information conc	erning this matter, pleaso	e call:			
	Dena Neice	а	941 t		623-5739
	(Name of Contact Persor			de)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made p	ayable to the Florida	Departmen	nt of	State:
☐ \$35 Filing Fee	Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	is C	Certifi Certifi	D Filing Fee leate of Status led Copy tional Copy is used)
Mailing A	ddress	<u>S</u> :	treet Addr	ess	

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

(Name of Corporation as currently filed with the Florida	Dept. of State)	
DIVINE GL	OBAL RECOVERY INC.	
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006. Florida Statu amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts t	he following
A. If amending name, enter the new name of the corpora	ution:	
	N/A	The new
name must be distinguishable and contain the word "corpore "Company" or "Co," may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp.	" or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS	<u>·</u>)	
		_
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 off new registered agent and/or the new registered office	nce address in Florida, enter the name of the	717
	Dena Neice	2 1
Name of New Registered Agent:	1005 LAVILLA RD : 279	
	(Florida sircet address)	<u> </u>
New Registered Office Address:	(COD)	
PUNTA	GORDA Florida 3398	<u> </u>
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	d Agent: camiliar with and accept the obligations of the position	n.
	The New W	
	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	ones	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	VP	FITZPATRICK, SHANNON	1218 SLASH PINE CIRCLE #112 PUNTA GORDA, FL 33950
x Remove			
2) Change Add	<u>VP</u>	CHUMLEY, JAMES	W6529 FLORIDA ST PUNTA GORDA, FL 33950
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
(attach additional shee	ets, if necessary).	icles, enter change(s) here: (Be specific) ANNON 1218 SLASH PINE CIRCLE #112	PUNTA GORDA. FL 33950

	<u> </u>	
		
		
		
		 -
The date of each amendment(s) adoption date this document was signed.	:	, if other than the
	16.1.2021	
Effective date if applicable:	no more than 90 days after amendment file date)	
0	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will no nt of State's records.	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

_	27/21
Dated	
Signature	Talua neru
hav	the chairman or vice chairman of the board, president or other officer-if director ve not been selected, by an incorporator – if in the hands of a receiver, trustee, or
oth	ner court appointed fiduciary by that fiduciary)
oth	Dena Neice
oth	

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were