N21000012648

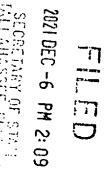
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| J. HORNE |
| DEC Z O 2021 |
| |

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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATI | One Love Palm Bea ON: | ches Inc. | | |
|------------------------------|---|---|--------------------------------|---|
| DOCUMENT NUMBER: | N21000012648 | | | • |
| The enclosed Articles of An | nendment and fee are sub | mitted for filing. | | |
| Please return all correspond | ence concerning this matt | er to the following: | | |
| Crystal Aman | | | | |
| | | (Name of Contact | Person) | |
| One Love Palm Beaches In | c. | | | |
| | | (Firm/ Compa | nny) | |
| 634 Latona ave. | | | | |
| | | (Address) | | |
| Lake Worth Beach, Florida | 33460 | | | |
| | | (City/ State and Z | ip Code) | |
| divinebusinessvip@gmail.c | om | | | |
| E | E-mail address: (to be use | d for future annual | report notificatio | n) |
| For further information con- | cerning this matter, please | e cali: | | |
| Crystal Aman | | | 786 at | 6980970 |
| | (Name of Contact Persor | 1) | | (Daytime Telephone Number) |
| Enclosed is a check for the | following amount made p | ayable to the Floric | la Department of | State: |
| ■ \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing For Certified Copy (Additional copenclosed) | Certif y is Certif (Addi | 0 Filing Fee Teate of Status Ted Copy Itional Copy is Osed) |
| Mailing Address | | | Street Address | i |

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

Articles of Incolor

of

One Love Palm Beaches Inc.

FILED

| (Name of Corporation as currently filed with the Florida L | Dept. of State) | 2021 DEC -6 PM 2: 09 |
|--|---|--|
| N21000012648 | | |
| (Document Number | er of Corporation (if known) | SECRETARY OF STALL TALLAHASSEE, FLORE |
| Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation: | s, this <i>Florida Not For Profit C</i> | |
| A. If amending name, enter the new name of the corporat | ion: | The new |
| name must he distinguishable and contain the word "corporat "Company" or "Co." may not he used in the name. | ion" or "incorporated" or the c | |
| B. Enter new principal office address, if applicable: | 634 Latona ave. | |
| (Principal office address MUST BE A STREET ADDRESS) | Lake Worth Beach, Florida 33- | 460 |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 634 Latona ave. | |
| | Lake Worth Beach, Florida 334 | 460 |
| | | |
| D. If amending the registered agent and/or registered office | | e name of the |
| new registered agent and/or the new registered office a | ddress: | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | (Florida street | address) |
| | | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai | | ations of the position. |
| | | |
| Si | gnature of New Registered Agen | nt, 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 | <u>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | |
|----------------------------------|------------------------------------|---|--|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| l) Change Add | | Mike Olive | 1201 South Federal Highway Lake Worth Beach, Florida 33460 |
| × Remove | | | |
| 2) Change Add | | Kelly Olive | 1201 South Federal Highway Lake Worth Beach, Florida 33460 |
| X Remove 3) Change Add Remove | | | |
| 4) Change Add | VP | Kelly Grimes | 849 Michigan Ave. Miami Beach, Florida 33439 |
| Remove | | | |
| 5) Change Add | Secv | Steven Klein | 1332 South Federal Highway Ste.36 Lake Worth Beach, Florida 33460 |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| E. If amending or additional she | | onal Articles, enter change(s) here: essary). (Be specific) | |
| Removing 1201 South F | ederal His | ghway as the pricble place of business. | |
| Removing 1201 South F | ederal His | ghwav as primary mailing address. | |
| Removing Mike Olive as | a directo | r on the board | |
| Removing Kelly Olive a | s a directo | or on the board | |
| Adding 634 Latona ave I | Lake Wor | th Beach, Florida 33460 as the pricible place of | f business |

| Adding 634 Latona ave Lake Worth Beach, I | Florida 33460 as the pprimary mailing address | |
|--|--|-------------------|
| Adding Kelly Grimes as the Vice President | | |
| Adding Steven Klein as the Secretary | | |
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| The date of each amendment(c) adoption: | | if other than the |
| date this document was signed. | | in other than the |
| Effective date if applicable: | o more than 90 days after amendment file date) | |
| | | |
| Note: If the date inserted in this block does in document's effective date on the Department | not meet the applicable statutory filing requirements, this date will not be of State's records. | e listed as the |
| Adoption of Amendment(s) | CHECK ONE) | |
| The amendment(s) was/were adopted by was/were sufficient for approval. | y the members and the number of votes cast for the amendment(s) | |

| There are no membadopted by the boa | pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors. |
|-------------------------------------|---|
| Dated | 11/27/21 |
| | 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) |
| | Crystal Aman |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |