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COVER LETTER

TO: Amendment Section Division of Corporations

DIVINE EXT	ENDED HAND INC		
N21000012987			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee a	re submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
RYSZARD BOŁKO			
	(Name of Contact F	Person)	
LAW OFFICES OF RYSZARD BOLKO PLLO	С		
	(Firm/ Compan	ıy)	
1825 NW CORPORATE BLVD. STE 110			
	(Address)		
BOCA RATON, FL 33431			
	(City/ State and Zip	Code)	
VANESSA@BOLKOLAW.COM			
E-mail address: (to b	oe used for future annual re	port notificatio	n)
For further information concerning this matter,	please call:		
RYSZARD BOLKO	а	561 t	609-0199
(Name of Contact I			(Daytime Telephone Number)
Enclosed is a check for the following amount m	nade payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of S		Certif is Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing Address Amendment Section		treet Address mendment Sect	ion

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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
2025 JUN 16 PH 2: 45
2:45

DIVINE EXTENDED HAND INC

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	· · · · · · · · · · · · · · · · · · ·
N21000012987		
(Document	Number of Corporation (if known)	(F. F.)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit C	forporation adopts the following
A. If amending name, enter the new name of the cor	rporation:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the a	abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI		
	 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	4 1	
(Stating dataress SIAT BE A POST OFFICE BOX	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		name of the
	ince address.	
Name of New Registered Agent:		
	(Florida sireet	address)
New Registered Office Address:		
		Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the oblige	tions of the position.
	Signature of New Registered Agen	at, 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>V</u> <u>Mik</u>	n Doe se Jones sy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add	VP	ANSON JEAN-PIERRE	1380 NE MIAMI GARDENS DR S MIAMI, FL 33179, US
x Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			<u></u>
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional sh		Articles, enter change(s) here: y). (Be specific)	
		- <u>-</u>	
			· · · · · · · · · · · · · · · · · · ·
			

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		·
The date of each amendment(s) adoption	:	if other than the
date this document was signed.		, it other than the
Effective date if applicable:	no more than 90 days after amendment file date)	
0	no more than 90 days after amendment file date)	
None Ballings for a district to the		ha listad on the
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not	ne listed as the
document's effective date on the Departmen	in of State S (CCOPUS.	
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 mer adopted by the bo	nbers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors. JUNE 05, 2025
Dated	
Signatur	
	(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)
	JEAN P. CHARLES
	(Typed or printed name of person signing)
	PRESIDENT

