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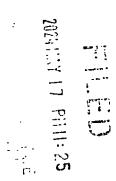
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:DISASTE	ER ESTENTIAL, ORG
DOCUMENT NUMBER: N 22000	0007044
The enclosed Articles of Amendment and fee are subn	nitted for filing.
Please return all correspondence concerning this matte	er to the following:
HAROUD JE	ESSURUN
	(Name of Contact Person)
DISASTER ESSE	ENTIAL. GRG
	(Firm/ Company)
PO BOX 194	169
	(Address)
JULY PA	2 00919
harold. Jessurun	@ GMail. CoM
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
HAROW JESSURUN	787 550-4254
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Department of State:
\$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
1	2 () doi portitions

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

DISASTER ESSE	INTIAL	ORG		FILE
(Name of Corporation as currently filed with the F			20241	- Geo. 1
N2200000		, , , , , , , , , , , , , , , , , , ,	; ;	1) 17 Pilli: 25
(Documen	t Number of Corp	poration (if known)		<3
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>FI</i>	lorida Not For Profit	Corporation add	opts the following
A. If amending name, enter the new name of the co	orporation:			
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.				
B. Enter new principal office address, if applicable	. 7	901 4+ +E 300	H St. N	J
(Principal office address MUST BE A STREET ADE	DRESS)	F 300	>	
	St	PETERSB	uR6 F	L 33707
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>x</u> Pc	BUX 19	14169	
		MAULM	PR OC	<u>,91</u> 9
D. If amending the registered agent and/or register new registered agent and/or the new registered of	ed office addres office address:	s in Florida, enter th	e name of the	
Name of New Registered Agent:				
None Booker and COS of Addition		(Florida stree	(address)	
<u>New Registered Office Address:</u>				
	4411	<u> </u>	, Florida	
	(City)		(Zip Coo	le)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent.	stered Agent: I am familiar with	h and accept the oblig	ations of the pos	ition.
				
	Signature of	f New Registered Age	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	PT John Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PRESIDENT	HAROLD JESSURUN	PO BUX 194169 SANJUAN, PR DD919
Remove 2) Change Add	SECRETARY	HAROLD JESSURUN	PO BOX 194169 SONJUN, PRZ 00919
Remove 3) Sc Change Add Remove	TREASURER	MARVIN EMERSON	76 KINGS COURT APT 902 SAN JULIN, PR 00911-1652
4) Change Add			
Remove 5) Change Add			
Remove 6) Change			
Add Remove			
E. <u>If amending or</u> (attach additiona	adding additional Arti- il sheets, if necessary).	cles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adopted date this document was signed.		<u> </u>			, if other than the
Effective date if applicable: 45	AP.				
Enecuse date it appricable: 115	AP - (no more than 90 d	lavs after ame	ndment file date	···	<u> </u>
Notes Pales des la 11 de 11 de 15					
<u>Note:</u> If the date inserted in this block dodocument's effective date on the Departn	oes not meet the appl tent of State's record	licable statuto is.	ry filing require	ments, this date will i	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.

ū	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 9, 2024 Signature Description
	(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)
	HAROLD JESSURUN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)