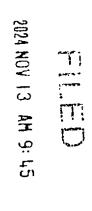
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COVER LETTER

1: Amendment Section Division of Corporations

Tallahassee, FL 32314

AME OF CORPORATIO	Divine Love Americ					
OCUMENT NUMBER: _	N24000011534					
ac enclosed Articles of Amo						
lease return all corresponde						
lease return an corresponde	nce concerning this many	er to the following.				
tobert A. Douglas						
		(Name of Contact Per	son)			
Divine Love American Miss	on. Inc.					
<u> </u>		(Firm/ Company				
1919 SE 4th Street						
		(Address)				
		(Address)			TACR Z	, 1
Cape Coral FL 33990		·			<u> </u>	<u>.</u> -
	-	(City/ State and Zip C	lode)		SECRETARY OF STATE TALLAHASSEE, FL	ა _
rob.a.douglas@gmail.com					SEI SEI	Ī
E	mail address; (to be used	for future annual rep	ort notificatio	·n)		ب <u>ڊ</u>
For further information cone	erning this matter, please	eall:			一計	ഗ
Jarrett Kolthoff		at	314	683-0145		
	(Name of Contact Person			(Daytime Telepho	one Number)	
Enclosed is a check for the f	ollowing amount made p	ayable to the Florida I	Department of	State:		
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certi Certi (Add	50 Filing Fee ticate of Status fied Copy itional Copy osed)		
Mailing A Amendme Division o P.O. Box 6	nt Section f Corporations	An Div	eet Address lendment Sec vision of Corp to Centre of	orations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Divine Love American Mission, Inc.				
ame of Corporation as currently filed with the	<u>Florida De</u>	ept. of State)		
N24000011534				
(Docume	ent Number	of Corporation (if l	known)	
arsuant to the provisions of section 617,1006, Flori mendment(s) to its Articles of Incorporation:	ida Statutes	, this <i>Florida Not F</i>	or Profit Corporation adopts the	following
. If amending name, enter the new name of the	corporatio	on:		
N/A				The new
ame must be distinguishable and contain the word Company" or "Co." may not be used in the name	"corporati	on" or "incorporate	ed" or the abbreviation "Corp." (or "Inc."
3. Enter new principal office address, if applicat	ble:	N/A		
Principal office address MUST BE A STREET Al	DDRESS)			
				
	-			- 33
. Enter new mailing address, if applicable:		N/A		SECRETARY OF
(Mailing address MAY BE A POST OFFICE E	<u>BOX</u>)	N/A	 	
				도등
	•			SSI
				<u>m (2)</u>
. If amending the registered agent and/or regis	tered offic	e address in Florid	a, enter the name of the	五五五
new registered agent and/or the new register		<u>ldress:</u>		न्त
Name of New Registered Agent:	N/A			
				
Now Registered Office Address:		(Florida street address)	
<u>New Registerea Office Adaress</u> .	N/A			
		(City)	, Florida (Zip Code)	
		(City)	(Zip Colly)	
New Registered Agent's Signature, if changing Relation hereby accept the appointment as registered agent	Registered 1. I am fan	Agent: niliar with and accep	ot the obligations of the position.	
_	Sis	nature of New Regi	stered Agent, if changing	

amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, I address of each Officer and/or Director being added:

tach additional sheets, if necessary)

ase note the officer/director title by the first letter of the office title:

= President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief ecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office ld. President, Treasurer. Director would be PTD.

tanges 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 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, like Jones, V as Remove, and Sally Smith, SV as an Add.

xample: X Change X Remove X Add	PT John I V Mike J SV Sally S	ones	
Type of Action Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change × Add	P	Jarrett Kolthoff	1525 Breezeridge Dr. Des Peres MO 63131
Remove 2) Change × Add	<u>V</u>	John White	2280 Wendy Road TOR TOR TOR Denaud FL 33935 LET TO TOR
Remove 3) Change Add Remove	<u></u>	Andy Cegelski	17251 Walnut Run Drive Alva FL 33920 1919 SE 4th Street
4) Change^_ Add	<u></u> S	Robert A. Douglas	1919 SE 4th Street Cape Coral FL 33990
Remove 5) Change Add	<u>D</u>	Peter Machado	5423 SW 21st PL Cape Coral FL 33914
Remove 6) Change Add	D	Timothy Altieri	2237 SW 28th ST Cape Coral FL 33914
(attach additional sh	ling additional Aseets, if necessary).	ticles, enter change(s) here: (Be specific)	
N/A			

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.

November 6, 2024

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)

Don De Pol

(Typed or printed name of person signing)

Director

(Title of person signing)

FILEL 2024 HOV 13 AM 9: 45 SECRETARY OF STATE SECRETARY OF STATE