08000011235

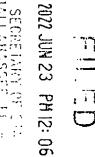
(Requestor's Name)		
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORAT	DEVINE FOOD STORE, INC.				
DOCUMENT NUMBER	P08000011235				
The enclosed Articles of A	mendment and fee are su	bmitted for filing.			
Please return all correspon	dence concerning this ma	tter to the following:			
		Mark St. Vil			
	Name of Contact Person				
	The St. Vil Firm, PLLC				
	Firm/ Company				
	20535 NW 2ND AVENUE, SUITE 205				
	Address				
	MIAMI. FL 33169				
	City/ State and Zip Code				
	Nadine300@gmail.com;info@stvilfirm.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information co	ncerning this matter, pleas	se call:			
Mark St. Vil		at (305	900-3703		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the	following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations		Ameno	Address Iment Section on of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

Articles of Ame	endment 🛌
to Articles of Inco	enoration 20-
of	1022 J/4.
DEVINE FOOL	rporation O STORE, INC. Giled with the Florida Dept. of State 37 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(Name of Corporation as currently	filed with the Florida Dept. of State)
080001	1235
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A/	The new
name must be distinguishable and contain the word "corporation," "co. "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A proceed "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.,"
P. Enter your principal office address if applicables	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. 16 and discrete and an analysis and office address	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	is in Fiorida, enter the name of the
Name of New Registered Agent N/A	
(Florida stree	ı address)
None Booties and Office (ddays)	Elosida
New Registered Office Address:	, Florida
Nam Designand Amendo Signature if sharping Designand Amendo	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	MGR	ERROL SPENCER	1330 East Glen Oak Road
Add			North Lauderdale, Fl. 33068
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u></u>
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
N/A	
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
N/A	
19724	

The date of each amendment(s) add date this document was signed.		, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file	? date)
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirartment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop action was not required.	ed by the incorporators, or board of directors without s	hareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the ficient for approval.	he amendment(s)
must be separately provided for ea	oved by the shareholders through voting groups. The fouch voting group entitled to vote separately on the amer	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
selected.	ctor. president or other officer – if directors or officers by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	have not been e, or other court
_	HAZELTINE BRUCE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	