P10000072930

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COVER LETTER

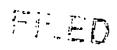
TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	ATIONAL GROUP, INC	<u>. </u>	
DOCUMENT NUM	BER: P10000072930	·,· ,		
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	CARLOS MORA			
	Name of Contact Person			
	DIVEPA INTERNATIONAL GROUP, INC			
	Firm/ Company			
	3071 nw 126 th terr			
		Address		
	Sunrise, Fl 33323			
		City/ State and Zip Code	e	
	bcdivepagroup@gmail.com			
		sed for future annual report	notification)	
For further informatio Bianca Contreras	n concerning this matter, pleas	se call:	6703232	
Name	of Contact Person	Area Co	/de & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 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 P.O. Box 6327 Tallahassee, FL 32314		Amend	Address ment Section	
			n of Corporations entre of Tallahassee	
			N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

DIVEPA INTERNATIONAL GROUP, INC



(Name of Corporation as current	<u>tly filed with the Florida D</u>	ebi of State	Did o. e.s
P10000072930			PH 3: 57
(Document Number	of Corporation (if known)		FSTATE
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation	n adopts the fo	SEE, FL llowing amendm
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation		
B. Enter new principal office address, if applicable:	3071 nw 126th terr		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Sunrise, Fl 33323		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3071 nw 126th terr		
	Sunrise, Fl 33323		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent		name of the	
(Florida si	reet address)		
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligat	ions of the pos	ition.
Signature of New I	Registered Agent, if changin	g g	
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
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 =
Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officer.
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. 1
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 C
Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			<u>.</u>
Remove			
2) Change			
Add			<u></u>
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
Just amending the address	
· · · · · · · · · · · · · · · · · · ·	
	
	<u> </u>
F. If an amendment provide for an area	
	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<u> </u>

The date of each amendment(s) adoption:	, if other th
date this document was signed.	09/01/2021	
Effective date if applicable:	8/01/2021	
<u></u>	(no more than 90 days after amendment file date,)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirement Department of State's records.	ts, this date will not be listed
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the an e sufficient for approval.	nendment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
08/25/2 Dated	a director president or other officer – if directors or officers have	not been
sele	a director president of other officer = if directors of officers have ected, by an incorporator = if in-the hands of a receiver, trustee, or ointed fiduciary by that fiduciary)	
	CARLOS MORA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	