P11 000051477

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SECRETARY OF

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	on: Divine	& Authentic	Inc	
NAME OF CORPORATI	P110000	51677	 	
The enclosed Articles of Art	nendment and fee are su	bmitted for filing.		
Please return all correspond	ence concerning this ma	tter to the following:		
	DAVT	D E. TAYLU	n&	
	<u> </u>	Name of Contact Person		
		Firm/ Company		
	314 DR	um CT		
		Address		
-1	Kissii	Onee,FL. City/ State and Zip Code	34759	
	E-mail address: (to be us	ne and authersed for future annual report	notification)	
For further information con	cerning this matter, pleas	se call:		
DAVED TA	YLOR	at (4 फ 7	463 - 1746 le & Daytime Telephone Number	
Name of Co	ntact Person	Area Coo	le & Daytime Telephone Number	
Enclosed is a check for the	following amount made	payable to the Florida Depa	riment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

Articles of Amendment to Articles of Incorporation

ZOZZ AUG 23 AH II: 44

Divine a Authentic

(Name of Corporation as currently filed with the Florida Dept. of State)

P11000051677

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abb	c," or "Co". A professi	or "incorporated" onal corporation n	The new or the abbreviation "Corp.," ame must contain the word
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET AI			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u></u>		
D. If amending the registered agent and/or regis new registered agent and/or the new registere Name of New Registered Agent	tered office address in Flo ed office address:		
	(Florida street address		
New Registered Office Address:	(City)		, Florida(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		ccept the obligation	s of the position.
Sig	anature 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	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u>Y</u>	Charles De La Torre	
X Add			Orlando, Fl.
Remove			32807
2) Change			
Add			
Remove Change			-
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amending or adding additional Arti</u> (Attach <i>additional sheets, if necessary).</i>	(Be specific)
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If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(y ini applicable, bialouse fill)	
	
	

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The date of each a date this document	mendment(s) adoption: was signed.		22		, if other than the
Effective date <u>if a</u> r	pplicable:	(no more	22 than 90 days	after amendment file dat	e)
	nserted in this block door e date on the Departmen	es not meet the	e applicable s		ents, this date will not be listed as the
Adoption of Amen	dment(s) (CHECK ON	<u>E</u>)		
The amendment action was not re	(s) was/were adopted by equired.	the incorporate	ors, or board c	of directors without share	cholder action and shareholder
	(s) was/were adopted by ders was/were sufficient		ers. The numb	per of votes cast for the al	mendment(s)
				oting groups. The follow parately on the amendm	
"The numb	per of votes cast for the a			icient for approval	
by	officer	-P		·	
	,	(voling group)			
D	ated 8 187	12 .			
	7	S id t	Tons	1_	
S		incorporator –	ner office if if in the hand	directors or officers have s of a receiver, trustee, or	
		(Typed or r	rinted name o	TAYLOR of person signing)	
		Pr	eziden	A-1(ED	
		(Title of pe	rson signing)		