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JAN 0 8 2020 5

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DIVINE CUSTON	1 DESIGNS, INC	
	ER: P14000091426		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	OMAR P ORTEZ		
•		Name of Contact Person	n
	DIVINE CUSTOM DESIGN	IS, INC	
		Firm/ Company	
	12780 SW 53 ST		
		Address	_
	MIRAMAR, FL 33027		
•		City/ State and Zip Cod	c
RSVT	AXACCOUNTING@HOTM	IAIL.COM	
	_	sed for future annual report	notification)
	,	•	·
For further information	concerning this matter, pleas	se call:	
OMAR P ORTEZ		786	255-6767
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indigent Section Ission of Corporations Box 6327 Ihassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

DIVINE CUSTOM DESIGNS, INC

(Name of Corporation as curre	<u>ntly filed wit</u> h the Fl	orida Dept. of State)	
P14000091426			
(Document Numbe	r of Corporation (if kn	own)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Cor	poration adopts the follow	ing amendment(s)
A. If amending name, enter the new name of the corporation:			
N/A			The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	· "Co". A profession	r "incorporated" or the nal corporation name mus	abbreviation
B. Enter new principal office address, if applicable:	N/A		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			D
			ल न
		5÷ .	
C. Enter new mailing address, if applicable:		•	7 77
(Mailing address MAY BE A POST OFFICE BOX)	N/A 		<u> </u>
			. B
			(7)
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addr		er the name of the	
Name of New Registered Agent			
(Florida	street address)		_
Naw Ragistanad Office Address:		Florida	
New Registered Office Address.	(City)		n Code)
New Registered Office Address:		, Florida(Zi _l	n Code)
New Registered Agent's Signature, if changing Registered Age	nt:		
I hereby accept the appointment as registered agent. I am familia		obligations of the position	
0,	v Registered Agent, if	-leaveston	

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	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	V	ERIKA TRUJILLO	12780 SW 53 ST
X Add			MIRAMAR, FL 33027
Remove			·
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific) N/A F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate N/A)	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
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provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
THIS AMENDMENT PROVIDES FOR A RECLASSIFICATION OF ALL ISSUED SHARES AS FOLLOWS	:
DMAR P ORTEZ PRESIDENT SHARES 55 @ \$1.00 VALUE	
ERIKA TRUJILLO VICE PRESIDENT SHARES 45 @ \$1.00 VALUE	
TOTAL SHARES 100 @ \$1.00	

The date of each amendment(s) adoptio	11/26/2019 on:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Department	does not meet the applicable statutory filing requirements, this date will ent of State's records.	not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) at for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the	e amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted be action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted baction was not required.	by the incorporators without shareholder action and shareholder	
10/26/2019		
DatedSignature	K.	_
	, president or other officer – if directors or officers have not been	_
	in incorporator – if in the hands of a receiver, trustee, or other court uciary by that fiduciary)	
OMA	R P ORTEZ	
	(Typed or printed name of person signing)	
PRES	IDENT	
	(Title of person signing)	