P17000098743

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Divine Carpentry S	Services, Inc.	
DOCUMENT NUM	P17000098743		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Eduardo Gongora		
		Name of Contact Person	n
	Divine Carpentry Services, In	nc	
		Firm/ Company	
	6107 Memorial Hwy. Suite E	3	
		Address	-
	Tampa, FL 33615		
	•	City/ State and Zip Cod	e
gelys	sr@yahoo.com		
	- ·	sed for future annual report	notification)
		·	
For further information	on concerning this matter, pleas	se call:	
Eduardo Gongora		at (813	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□S43.75 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		Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Divine Carpentry Services Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P17000098743 (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: A. If amending name, enter the new name of the corporation: N/Aname must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (Zip Coder New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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: XChange	<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>	Address
1) Change	D	Gelys Gongora	6107 MEMORIAL HWY
Add			Suite B
X Remove			Tampa, FL 33615
2) Change	D	Julio Cordovi	6107 MEMORIAL HWY
Add			Suite B
X Remove			Tampa, FL 33615
3) Change			
Add			
Remove			
4) Change		-	
Add			
Remove			
51 Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

(At	amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). — (Be specific)
N/A	
. 16.	an amondment musticle for an archange multipolicity of the state of th
. <u>11 :</u> Di	an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
N/A	

		date as signature	
The date of each amendment(s) as date this document was signed.	doption:		, if other than the
•	1/2018		
Effective date <u>if applicable</u> :			
	O.	no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De		meet the applicable statutory filing requirements, this dante's records.	ite will not be listed as th
Adoption of Amendment(s)	(CHEC	<u>CK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su		ireholders. The number of votes cast for the amendment(stroval,	8)
		nareholders through voting groups. The following stateme oup entitled to vote separately on the amendment(s):	ent
		nent(s) was/were sufficient for approval	
by		group)	
	(voting	group)	
action was not required.		ard of directors without shareholder action and shareholde	er
The amendment(s) was/were ado action was not required.	opted by the ince	orporators without shareholder action and shareholder	
Dated			
Signature		nt or other officer – if directors or officers have not been	
selected		orator - if in the hands of a receiver, trustee, or other cour	t
	Eduardo Gongo	OFTA	
	(Ty _f	ped or printed name of person signing)	
	President	Ghope.	
		(Title of person signing)	-