P18000055958

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dosiness Entry Hame)
(Document Number)
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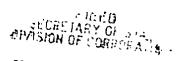
COVER LETTER

COMETARY OF STATE

TO: Amendment Section Division of Corporations 20 ANII: 08

NAME OF CO	RPORATION:	Group	
DOCUMENT S	NUMBER: P18000055958		
The enclosed Ar	ticles of Amendment and fee are su	bmitted for filing.	
Please return all	correspondence concerning this ma	tter to the following:	
	Alain Arrieta		
		Name of Contact Person	1
	Divine Mortgage Group		
		Firm/ Company	
	618 SW 3 Street, Suite 140	0	
		Add.ess	
	Cape Coral, Florida 33991		
		City/ State and Zip Code	v ·
	DivineMortgageGroupFL@gmai	Lcom	
		sed for future annual report	notification)
		•	
For further infor	mation concerning this matter, pleas	se call:	
Alain Arrieta		305	794-9913
	Jame of Contact Person	`	de & Daytime Telephone Number
Enclosed is a che	eck for the following amount made [payable to the Florida Depa	artment of State:
S35 Filing F	ee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□352.50 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		Stroot	Address

Articles of Amendment to Articles of Incorporation of



20 JL 30 ANII: 68

Divine Mortgage Group

(Name of Corporation as currently filed with the Florida Dept. of State) P18000055958 (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: name 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Muiling 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: (Zip Code) 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: 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	VP	Kristina Arrieta	618 SW 3 Street
Add			Suite 140
X Remove			Cape Coral, Florida 33991
2) Change			_
Add			
Remove			
3) Change			_
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if nece					
					
					
					
					-
		•			
			·		
					-
					
If an amendment provides for					
provisions for implementing t		<u>if not contained</u>	l in the amenda	ient itself:	
(if not applicable, indicate	(V/A)				
•					
					· · · ·

	07/26/2018	
The date of each amendment(s)	ndoption:	, if other than the
date this document was signed.		
07 Effective date <u>if applicable</u> :	/26/2018	
Effective date in applicable.	(no more than 90 days after amendment file date	,
Note: If the date inserted in this document's effective date on the L	block does not meet the applicable statutory filing requirement bepartment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ac by the shareholders was/were s	topted by the shareholders. The number of votes cast for the amoufficient for approval.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
	t for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
-	(voting group)	
	lopted by the board of directors without shareholder action and s	hareholder
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and share	holder
07/26/20 Dated Signature		
selec ₁	director, presiden or other officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or onted fiduciary by that fiduciary)	
	Alain Arrieta	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	