## P20 000093310

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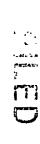
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DIVETECA	INC	
DOCUMENT NUMB	ER: P2000009331	0	<u> </u>
	of Amendment and fee are su		
Please return all corresp	oondence concerning this ma-	tter to the following:	
	Edgard Zambran	o, MBA	
_		Name of Contact Person	1
	The Genesis Firn	า LLC	
-	<del></del>	Firm/ Company	
	3105 NW 107th A	Ave, STE 400-E4	1
-	<u>-</u>	Address	
	Doral, FL 33172		
<del>-</del>		City/ State and Zip Cod	e
ed@	thegenesisfirml	c.com	
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Edgard Zambrano, MBA		<sub>at (</sub> 786	, 401-7741
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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 ndment Section tion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

DIVETECA INC			. <u>.</u>
(Name of Corporati	ion as currently filed with the	Florida Dept. of State)	
P20000093310			
(Docum	nent Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Co	orporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A professi	or "incorporated" or the ai ional corporation name must o	hbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>		200
D. If amending the registered agent and/or registered new registered agent and/or the new registered		enter the name of the	8 H. 8
	<del></del>	H. H.	9
Name of New Registered Agent	-		-
	(Florida street address)	<u></u> -	<del></del>
	,, 10, 100 111 (10 1110) 130/		
New Registered Office Address:	(City)	, Florida **Zip (	Code)
	·		
New Registered Agent's Signature, if changing Reg	gistered Agent:		
I hereby accept the appointment as registered agent.	I am familiar with and accept t	he obligations of the position.	
Sign	nature 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.

<u>PT</u>	John Doe	
$\underline{\mathbf{V}}$	Mike Jones	
<u>sv</u>	Sally Smith	
<u>Title</u>	<u>Name</u>	<u>Addres</u> s
VP	Patricia C Sarcos	1200 Brickell Ave Ste 900
-	_	Miami, FL 33131
PD	Paola Sarcos	1200 Brickell Ave Ste 900
	_	Miami, FL 33131
PD	Jesus A Sarcos	1200 Brickell Ave STE 900
		Miami, FL 33131
-		
	<u>V</u> <u>SV</u> <u>Title</u> <u>VP</u> PD	Y Mike Jones  SV Sally Smith  Title Name  VP Patricia C Sarcos  PD Paola Sarcos

The new distribution of	f shares are as follows:	
Name of S/H	Number of Shares	Ownership %
Paola C Sarcos	2,000	100%
E 16 an amondment arouid	es for an exchange, reclassification, o	r cancellation of issued shares
i. II ali aliichument provid	nting the amendment if not contained	in the amendment itself:
provisions for implement (if not applicable, in		
	dicate N/A)	

The date of each amendment(s) adoption: 08/02/21	, if other than the
date this document was signed.	•
Effective date if applicable: 08/02/21	
(no more than 90 days after amendment file date)	•
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_08/02/21	
Signature	SIGNHERE
(By a director, president or other officer – if directors or officers have not been	_
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Edgard Zambrano	_
(Typed or printed name of person signing)	
Register Agent	
(Title of person signing)	_