## P21000065248

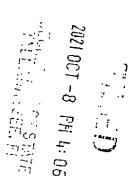
(Requesto	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
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Special Instructions to Filing	Officer;
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A. Butter

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Destiny National T	alent Competition	<del></del>	
DOCUMENT NUM	P21000065248			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	itter to the following:		
	James Dunn			
		Name of Contact Person	1	
	Destiny National Talent Competition			
		Firm/ Company		
	3804 Teorolli Ct			
	Address			
	Orlando, FL 32826			
	City/ State and Zip Code			
	colin@destinytalentcompetiti	ion.com		
	E-mail address: (to be us	sed for future annual report	notification)	
	on concerning this matter, plea		220771	
James Dunn		at (	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	☐\$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)	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

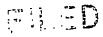
Tallahassee, FL 32303

## **Articles of Amendment**

to

## Articles of Incorporation

of



Destiny National Talent Competition, Inc.

(Name of C	Corporation as currently	filed with the Florida Dept	icorsing) PFI 4: Ub
P21000065248			or CTATE
	(Document Number of	Corporation (if known)	CEE, FL
Pursuant to the provisions of section 607.10 ts Articles of Incorporation:	06. Florida Statutes, this I	lorida Profit Corporation ac	dopts the following amendment(s)
A. If amending name, enter the new nam	e of the corporation:		
N/A			The new
name must be distinguishable and contain th 'Inc.," or Co.," or the designation "Cor 'chartered," "professional association," or	p," "Inc," or "Co". A		or the abbreviation "Corp.,"
3. Enter new principal office address, if a	annlicable:	N/A	
Principal office address <u>MUST BE A STR</u>			
		-	
C. Enter new mailing address, if applica	ble:	N//	
(Mailing address MAY BE A POST OF		N/A	
). If amending the registered agent and/			me of the
new registered agent and/or the new r			
Name of New Registered Agent	//A		
	(Florida stre	et address)	
New Registered Office Address: N	/A		. Florida
Negasterea Office Tradress.		Cùy)	(Zip Code)
lew Registered Agent's Signature, if cha		ent out or more to the ex-	
hereby accept the appointment as registere	ea agent i am jamutar w	ип апа ассері іне опиданоп	s of the position.
	Signature of New Re	gistered Agent, if changing	
Check if applicable			
☐ The amendment(s) is/are being filed purs	suant 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.

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	DIR	Jesse Jaremezak	11215 Sooner Dr
Add			Clermont, FL 34711
X Remove			
2) Change	<u>S</u>	Jesse Jaremezak	11215 Sooner Dr
Add			Clermont, FL 34711
X Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

(Attach add	ing or adding additional Articles, enter change(s) here: Iditional sheets, if necessary).— (Be specific)
\$/A	
<u>.                                    </u>	
_	
<del></del>	
<del>_</del>	
If an ame	ndment provides for an exchange, reclassification, or cancellation of issued shares,
<u>provisior</u> (if no	ns for implementing the amendment if not contained in the amendment itself: of applicable, indicate N/A)
-	of Destiny National Talent Competition, Inc for Jesse Jaremezak are to be canceled.
_	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 20 days after amenament file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amer sufficient for approval.	ndment(s)
	approved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	<del>,</del>	
,	(voting group)	
Dated	ber 29, 2021	
Signature(By a	director, president on other officer – if directors or officers have no	nt heen
selec	ted, by an incorporator – if in the hands of a receiver, trustee, or ot	
арро	inted fiduciary by that fiduciary)	
	James Colin Dunn	
	(Typed or printed name of person signing)	
	President/Director	
	(Title of person signing)	<del></del>

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