N1500000 1703

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Au	aless)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	■ WAIT	MAIL
	-i Fair No	
(Bu	siness Entity Nan	ne)
(Do	cument Number)	=
Certified Copies	Certificates	of Status
	_	
-		
Special Instructions to	Filing Officer:	
J	. HORNE	
M.	AR 2 2 2022	
ļ		<u></u>

Office Use Only



900382728469

02/11/22--01023--003 **35.80

2022 HAR II AHII: 30

COVER_LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	c			
N15000001703 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee	are submitted for filin	g.		· · · · · ·
Please return all correspondence concerning t	his matter to the follow	ring:		
Joseph Truong				
	(Name of Cor	itact Person)		
	(Firm/ Co	ompany)	· · · · · · · · · · · · · · · · · · ·	
2284 Corbett Rd.,				
	(Addr	ress)		
Orlando, FL 32826				
	(City/ State ar	id Zip Code)	•	
TRUONGJOSEPH@YAHOO.COM				
E-mail address: (to	be used for future ann	ual report notificat	on)	
For further information concerning this matte	r, please call:			
JOSEPH TRUONG		407 at	435-3377	
(Name of Contac	t Person)	(Area Code) (Daytime Telephone	Number)
Enclosed is a check for the following amount	made payable to the F	lorida Department o	of State:	
■ \$35 Filing Fee □\$43.75 Filing Certificate of		copy is Cert (Ad	50 Filing Fee ificate of Status ified Copy ditional Copy is closed)	
Mailing Address Amendment Section		Street Address Amendment Se		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the Florida Dept. of State)

VALUELIFE, INC.

N15000001703

(Document Nu	umber of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Not	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
GODISLOVE CHARITY, INC		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorpora	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	SAME ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered		la, enter the name of the
new registered agent and/or the new registered offi Name of New Registered Agent: SAMI	<u> </u>	
		(Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		pt the obligations of the position.
	Signature of New Reg	istered 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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change Add		NA		
Remove				
2) Change Add		.]		
Remove 3) Remove Add Remove				
4) Change Add			_	
Remove				
5) Change Add		·	 	
Remove				
6) Change Add				
Remove				
E. If amending or additional shee	ng additio	nal Articles, enter cha ssary). (Be specific)	nge(s) here:	
(4.115.)	, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Di oprogre)		
		· · · · · · · · · · · · · · · · · · ·		

	
	
	<u> </u>
The date of each amendment(s) adoption:ate this document was signed.	, if other than the

document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)



The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated $\frac{3}{7}$ $\frac{2022}{2022}$
(By the chairman or vice chairman of the board president or other officer-if directors have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
JOSEPH TRUONG— (Typed or printed name of person signing)
PRESIDE X (Title of person signing)