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COVER LETTER

TO: Regisți Divisio	ration Section n of Corporations				
SUBJECT:	GOD & MAN ETER	RNAL ENTERPRISES	, LLC		
		ited Liability Company	<u> </u>		
The enclosed Ar	ticles of Amendment and fee(s) are su	hmitted for filing			
	correspondence concerning this matte	-			
		GIANNINA M. VILLA			
	Name of Person				
THE VILLA LAW FIRM, P.A.					
		Firm/Company			
	3956 TO	3956 TOWN CENTER BLVD., STE 539			
		Address			7
		ORLANDO, FL 32837			
		City/State and Zip Code			169.6
		LLALAWFIRM@AOL.CO		PH 2: OF ST ELFLO	
	E-mail address:	(to be used for future annual report no	otification)	2: 42 STATE LORIDA	İ
For further infor	mation concerning this matter, please	call:		ملا.	
	GIANNINA M. VILLA	at (407)	574-6709		
	Name of Person		time Telephone Number		
England is a sh	and for the fallowing amount.				
	eck for the following amount:	Edee oo Elling Fra 9	□ •60 00 E:::	na Paa	
\$25.00 Filing	g Fee \$\sqrt{\$30.00 Filing Fee & Certificate of Status}	S55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified	e of Status &	
	MAILING ADDRESS:	STDFFT/COL	URIER ADDRESS:		
Registration Section		Registration Sec	ction		
	Division of Corporations P.O. Box 6327	Division of Cor Clifton Building			
	Tallahassee, FL 32314	2661 Executive			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOD & MA	N ETERN	AL ENTERPRI	SES, LLC			
(<u>Name of the Limite</u> (d Liability Con A Florida Limit	npany as it now appea ed Liability Company)	rs on our record	<u>(8.</u>)		
The Articles of Organization for this Limited Liability Company were filed on)a	and assig	gned
Florida document numberL1000002	23216					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited	liability company her	<u>re</u> :			
	ľ	N/A				
The new name must be distinguishable and end w "L.L.C."	ith the words "I	imited Liability Compa	any," the designa	tion "LLC"		breviation
Enter new principal offices address, if appli	cable:	N/A		25	2010 APR	
(Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>		À.A.	APR	77
				AS:	-2	
				EQ.	PM	
Enter new mailing address, if applicable:		P.O. BOX 77	0683		<u>~</u>	
(Mailing address MAY BE A POST OFFICE	ORLANDO, I	ORLANDO, FLORIDA 32877				
				;I>-		
B. If amending the registered agent and registered agent and/or the new registered of	_		our records, <u>e</u>	nter the n	ame of	the new
Name of New Registered Agent:	N/A		,			
New Registered Office Address:	N/A					
 		Er	nter Florida stre	et address		
			, Flori			
		City		Zi	p Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		Add Remove
	<u> </u>		
			Add Remove
			Add Remove
			ASS AND Remove
			Remove
	J/Δ	, enter change(s) here: (Attach additional s	heets, if necessary.)
-			
- -			
Dated	APRIL 7		
	Signatu	e of a member of authorized representative of a GIANNINA M. VILLA Typed or printed name of signee	member

Page 2 of 2

Filing Fee: \$25.00