## N1600005351

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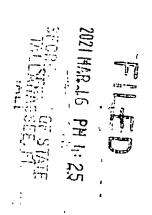
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A. Butter

## COVER LETTER

NAME OF CORPORATION: The Goddess Project Inc DOCUMENT NUMBER: N/60000 5351 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) (City/ State and Zip Code) address: (to be used for future annual report notification) For further information concerning this matter, please call:  $\frac{\text{Name of Contact Person}}{\text{(Name of Contact Person)}} \qquad \text{at} \qquad \frac{407 - 930 - 9570}{\text{(Area Code)}} \qquad \text{(Daytime Telephone Number)}$ Enclosed is a check for the following amount made payable to the Florida Department of State: 35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & EI\$52.50 Filling Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is

Mailing Address

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327

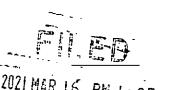
Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed)

## Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the Florida Dept. of State)	2021 MAR 16 PH 4: 25
(Document Number of Corporation:  Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida</i> amendment(s) to its Articles of Incorporation:	[A] [[] [[] [] [] [] [] [] [] [] [] [] []
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation" or "incorp" "Company" or "Co." may not be used in the name.	The new porated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in F new registered agent and/or the new registered office address:  Name of New Registered Agent:	lorida, enter the name of the
Same in Sew Acysico ca Agem.	
New Registered Office Address:	(Florida street address)
(City)	Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar with and	,
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 X Remove X Add	PT         John J           V         Mike           \$V         Saliy	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add		Allison Hounss	160 B 84th St K
Remove			· · · · · · · · · · · · · · · · · · ·
2) Change Add	**************************************		<del></del>
Remove 3 ) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add	<del></del>		
Remove  E. If amending or addir (attach additional shee	ng additional Ar as, if necessary).	rticles, enter change(s) here: (Be specific)	
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The date of each amendment(s) adopt date this document was signed.	ion:	- , + <del>, , , , , , , , , , , , , , , , , </del>		, if other than the
Effective date if applicable:				
опесите часе и аррисате.	(no more than 90 d	ıys after amendment	file dates	
Note: If the date inserted in this block document's effective date on the Depart	loes not meet the appl	icable statutory filing		e will not be listed as the
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.

_	adopted by the board of directors.
	Dated 3-27-31
	Signature
	(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)
	Shamika Hamilton
	(Typed or printed name of person signing)
	Title of person signing)
	(Title of person signing)