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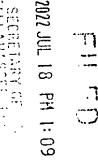
(Red	questor's Name)	
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(City	//State/Zip/Phone	#)
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TO: Amendment Section

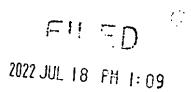
Tallahassee, FL 32314

Division of Corporations	
NAME OF CORPORATION: The Goddless P	ofect Inc
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Tham, Wa Hamilton (Name of Contact Person	
The Goddless Project (Firm/Company)	— <u>Jin</u> C
6384 S Hoy AIA Mel	6 BCh FL 3295
City/ State and Zip Code Code City/ State and Zip Code E-mail address: (to be used for future annual report in	gameil am
For further information concerning this matter, please call:	
(Name of Contact Person) (At	ea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Depa	irtment of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Amendment Section Amend Division of Corporations Divisio	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



		SECRETARY OF A
Name of Corporation as currently filed with the Flor	ida Dept. of State)	SECRETARY OF CAL TALL AHASSEE, 17
(Document N	umber of Corporation (if k	:nown)
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
		The new
name must be distinguishable and contain the word "corp "Company" or "Co," may not be used in the name.	poration" or "incorporated	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)	
	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		, enter the name of the
Name of New Registered Agent:		
	(F	lorida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I a		t the obligations of the position.
	Signature of New Regist	tered 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 necessaryi

(Attach additional sheets, if necessary)

Please note the officer director title by the first letter of the office title:

P = President; \widetilde{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 De V Mike Je SV Sally Sr	<u>mes</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	<u>v P</u>	Allyson Haunss	
Remove			
2) Change Add			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti ts, if necessary).	icles, enter change(s) here: (Be specific)	

			
			
			
			
			· -
		- · · ·	
	<u> </u>		
The date of each amendment(s) adoption:	7-8-27		
the date of each amendment(s) adoption: _ date this document was signed.	1 303	· · · · · · · · · · · · · · · · · · ·	If other than the
Effective date if applicable:	more than 90 days after amendmen	. (1	
no	more than 40 days after amendmen	t file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	of meet the applicable statutory filin of State's records.	g requirements, this date will not	be listed as the
Adoption of Amendment(s) (C	HECK ONE)		
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of vot	es east for the amendment(s)	

	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 7-8-92
	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)
	Shamilla Hamilton
	(Typed or printed name of person signing)
	Presiden i
	(Title of person signing)