## N1900000 2610

(Re	questor's Name)	
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## **COVER LETTER**

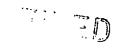
TO: Amendment Section  Division of Corporations  •	
NAME OF CORPORATION: Be Cause Goodness, Inc.	
DOCUMENT NUMBER: N19000002610	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Karin Litau	
(Name of Contact Person)	
Be Cause Goodness, Inc.	
(Firm/ Company)	
1825 Ponce de Leon Blvd Ste 52 (Address)	
Coral Gables, EL 33.134 (City/ State and Zip Code)	
karin@beCauseGoodness.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Karin Litau at (+1)305-902-8268	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee  \$\omega\$\$ \$43.75 Filing Fee  \$\omega\$\$ \$Certificate of Status	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section Division of Corporations Clifton Building

## Articles of Amendment to Articles of Incorporation of



Be Cause Goodness, Inc.

| SEP 27 PM 5: 06 | One of Corporation as currently filed with the Florida Dept. of State |

	ise Goodness, inc.	
(Name of Corporation as	currently filed with the Flor	ida Dept. of State)
(Document	Number of Corporation (if kr	nown)
Pursuant to the provisions of section 617.1006. Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo.	r Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	rporation:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADD</u>		
2 P-4		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	K)	
	<u> </u>	
). If amending the registered agent and/or registere		
new registered agent and/or the new registered of	office address:	enter the name of the
Name of New Registered Agent:	·	
	<u></u>	
New Registered Office Address:	(Fle	orida street address)
_	(City)	, Florida (Zip Code)
	(Cuy)	(Zip Code)
lew Registered Agent's Signature, if changing Regi		
hereby accept the appointment as registered agent. I	am familiar with and accept i	the obligations of the position.
	Signature of New Registe	and to set if showing
	signaure of New Kegiste	erea Ageni, ij 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>V</u> <u>Mil</u>	n <u>Doe</u> se Jones ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add <b>X</b> _ Remove	_D	Eda Vanaselja	1 <u>825 Ponce de Leon Blvd Ste 52</u> Coral Gables, FL 33134
2) Change _ <b>X</b> Add	<u>D</u>	Jacqueline Tome	1200 West Ave #1528 Miami Beach, FL 33139
Remove 3 )ChangeAdd			
Remove			
4) Change Add Remove			
5) Change Add			
Remove			
6) Change Add			

attach additional sheets, if necessary).	(Be specific)					
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		doption:	, if other than the
date	this document was signed.		
Effe	ctive date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this blument's effective date on the D	lock does not meet the applicable statutory filing requirements, this date will epartment of State's records.	Il not be listed as the
Ada	ption of Amendment(s)	( <u>CHECK ONE</u> )	
	The amendment(s) was/were a was/were sufficient for approx	idopted by the members and the number of votes cast for the amendment(s) val.	
Ø	There are no members or men adopted by the board of direc	nbers entitled to vote on the amendment(s). The amendment(s) was/were tors.	
	Dated 09/23/2019	5.44 PM EDT	
	have not be	Litano innan or vice chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
		KARIN LITAU (Typed or printed name of person signing)	
		President (Title of person signing)	