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COVER LETTER

TO: Amendment Section Division of Corporations

	God Gave The Incre	ase, Inc		
NAME OF CORPORATE	ON:			
	N21000008236			
OOCUMENT NUMBER:				
The enclosed Articles of An	nendment and fee are subj	mitted for filing.		
Please return all correspond Sandra Adcox	ence concerning this matte	er to the following:		
		(Name of Contact Pe	rson)	
God Gave The Increase, Inc	:			
		(Firm/ Company)	
13001 Word of Life Dr				
		(Address)		
Hudson, FL 34669				
		(City/ State and Zip (Code)	
sandyadcox@gmail.com				
	E-mail address: (to be used	f for future annual rep	ort notification	1)
For further information con	cerning this matter, please	eall:		
Sandra Adeox		21	407	435-5409
	(Name of Contact Person	ai	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	ayable to the Florida I	Department of	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	0 Filing Fee ficate of Status fied Copy tional Copy is nsed)

Mailing Address

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

Articles of Amendment to Articles of Incorporation of

FILED

2021 OCT 22 PM 1: 08

God Gave The Increase, Inc.

(Name of Corporation as currently filed with the N21000008236	Florida Dept. of State)	MASSEL, Epopelis
	ent Number of Corporation (if kr	lown)
Pursuant to the provisions of section 617,1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the N/A	corporation:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	"corporation" or "incorporated	The new [" or the abbreviation "Corp " or "Inc."
	23 Monroe Ave	
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AL	DDRESS) DeBary, FL 32713	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	23 Monroe Ave	
	DeBary, FL 32713	
D. If amending the registered agent and/or regist new registered agent and/or the new registere		enter the name of the
Name of New Registered Agent:		
	23 Monroe Ave	
-	(F)	lorida sti cet address)
<u>New Registered Office Address:</u>	DeBary	32713 , Florida
-	(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accept	the obligations of the position.
-	Signature of New Regist	ered 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 U. There is a change. Mike Jones leaves the corporation, Sally Smith is named the U and S. These should be noted as John Doe, PT as a Change, Mike Jones, U as Remove, and Sally Smith, SU as an Add.

Example: X Change X Remove X Add	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	Р	Pamela J Carbullido	871 Shenandoah Ave Deltona, FL 32725
X Remove 2) X Change Add	PICEO	Sandra C Adeox	23 Monroe Ave DeBary, FL 32713
Remove 3 X Change Add Remove	VRA	Michael A Adeox	23 Monroe Ave DeBary, FL 32713
4) Change Add			
Remove 5) Change Add			
Remove Change Add			
		onal Articles, enter change(s) here: assary). (Be specific)	
NA			

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	09/17/2021 option:	if other than the
ie date of each amendment(s) add	option;	, if other man me
te this document was signed. 09/17	77021	
e e la centralitation		
сетте час и аррисани.	(no more than 90 days after amendment file date)	
ote: If the date inserted in this bloc cument's effective date on the Dep	ek does not meet the applicable statutory filing requirements, artment of State's records.	this date will not be listed as the
loption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes east for the ar	nendment(s)

	9/17/2021
Dated	
Signatu	(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)
	Sandra C Adeox
	(Typed or printed name of person signing)