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SECRETANNE OF STATE
TALL ARASSEE FLORIDA

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: GO LIVE WITH PUYPOSE, INC DOCUMENT NUMBER: ____ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sydnee Michael 5
(Name of Contact Person) Wall Private wealth (Firm/Company) 4822 Northlake Blud Palm Beach tandens, FL (City/ State and Zip Code) Sydnus & Jean on the Wall Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Name of Contact Person) at (54) 855 - 4635 (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □S43.75 Filing Fee & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Flo	rida Dept. of State)	
so live with purpose, Inc	Number of Corporation (if kn	0.00
· (Document	Number of Corporation (If Kn	own)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	an a
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated	" or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	2024 TAI
		72
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	•.	70
(Statung duaress NIAT BE A FOST OF FICE BOX		77. 5
		33 7
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D. 16	1 . CC	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the
		
Name of New Registered Agent:		
	42	orida street addressi
New Registered Office Address:) r ie	riai sirvei aairessi
		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I		the obligations of the position.
	Signature of New Registe	red 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 I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>N</u> ame	<u>Address</u>
Change Add	<u>D</u> _	Madeline Coggins	Palm Beach tardens, FL 33418
2) Change Add	_D_	Sydner Michaels	4872 Northlake DIV d VAH A palm Beach Fardens, FL 3341
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet	ng additional Ar ets, if necessary).	ticles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adoption:	12/10	124		. if other than the
date this document was signed.				,
Effective data if applicable.			N.	
Effective date if applicable:	more than 90 days after a	mendment file data)		
Note: If the date inserted in this block does redocument's effective date on the Department	ot meet the applicable stat of State's records.	utory filing requireme	ents, this date will not be	e listed as the
	CHECK ONE)			
_	·			
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the num	ber of votes cast for t	he 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 12/10/24				
Signature				
(By the chairman of 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)				
(Typed or printed name of person signing)				
D.C. il don't				

(Title of person signing)