N23000004189

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	AND GOD SAID	PROJECT, INC.				
DOCUMENT NUMBER:	N23000004189	···				
The enclosed Articles of Amenda	ment and fee are subn	nitted for filing.				
Please return all correspondence	concerning this matte	er to the following:				
		Sonla Becerr	·a			
		(Name of Contact	Person)			
		Swyft Filing	s			
		(Firm/ Compa	my)			
		3 Greenway Plaza	#1320			
		(Address)				·
		Houston, TX 77				
		(City/ State and Zi	p Code)			
	ir	nfo@legalcorpsol	utions.com	1		
E-mai	l address: (to be used	for future annual	report notif	ication)	· ·	
For further information concerni	ng this matter, please	call:				
\$	Sonia Becerra		at	87	7-777-0450	
(Nar	ne of Contact Person)			ode) (I	Daytime Tele	phone Number)
Enclosed is a check for the follow	wing amount made pa	yable to the Florid	la Departmo	ent of Sta	te:	
	43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	y is	Certified	e of Status Copy nal Copy is	

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

AND GOD SAID PROJECT, INC.

(Name of Corporation as currently filed with the	Florida Dept, of State)	
	N23000004189	
(Docume	ent Number of Corporation (if known	1)
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not For Pro	ofit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corporation" or "incorporated" or	the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL		
Trincipal office according to the state of t	, , , , , , , , , , , , , , , , , , ,	
	 	
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE B	(OX)	
		Ď
	· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or registered agent and/or the new registered		
Name of New Registered Agent:	Brittney Lott	
	1326 Wild Pine Dr	
New Registered Office Address:	(Florida	street address)
new Registered Office Martess.	St Augustine	32084
-	(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Reliable I hereby accept the appointment as registered agent.		Offigations of the position.

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 Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	DIR	Jesus Christ	1326 WILD PONE DR STAUGUSTINE, FL 32084
Remove 2) Change Add	DIR	KERRY JORDAN	1326 WILD PONE DR STAUGUSTINE, FL 32084
X Remove Change Add Remove			
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add			
E. If amending or addi (attach additional she		icles, enter change(s) here: (Be specific)	
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	ate of each amendment(s) adoptinis document was signed.	on:	if other than the
Effect	tive date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
		(no more than 90 days after amendment file date)	
	If the date inserted in this block dinent's effective date on the Departi	oes not meet the applicable statutory filing requirements, this date will not be nent of State's records.	listed as the
Adop	tion of Amendment(s)	(CHECK QNE)	
Ø 7	The amendment(s) was/were adopte vas/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	

Dated	7/24/2023
Signati	(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)
	Brittney Lott

(Title of person signing)