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☐ PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF GODDON		indation Incorporated			
NAME OF CORPOR					
DOCUMENT NUMB	N23000009636 BER:				
The enclosed Articles of	f Amendment and fee are s	submitted for filing.			
	ondence concerning this m		:		
Jessica Candelaria					
		(Name of Contact	Person)		
Accounting & Business	Partners				
		(Firm/ Compa	ny)		
10730 102nd Ave.					
		(Address)			
Seminole, FL 33778					
Sellunoie, 1155776		(City/ State and Zir	Code)		
		(Chyr Dela ela tar	,,		
accouting@yourabpartner					
	E-mail address: (to be use	od for luture annual r	eport notific	anon)	
For further information co	ncerning this matter, pleas	e call:			
Jessica Candelaria		מ	727	828-9945	
	(Name of Contact Person			le) (Daytime Telephor	ne Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	Departmen	of State:	
≘ \$ 35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Co is Co (A	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is nclosed)	

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

or 10 6 6 22 1 1 5 43

Articles of Amendment to Articles of Incorporation of

	orida Dept. of State)	
N23000009636		
(Document	t Number of Corporation (if know	vn)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	i Statutes, this <i>Florida Not For F</i>	rofit Corporation adopts the following
A. If amending name, enter the new name of the co-	rporation:	
		The nev
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:	<u> </u>	
Principal office address MUST BE A STREET ADD.	RESS)	
Enter new mailing address, if applicable;		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
The state of the s	a and a state of the state of	stantha nama of the
If amending the registered agent and/or registered new registered agent and/or the new registered of	office address:	ter the name of the
Name of New Registered Agent:		
Name of New Registered Agent.		
	(Flori	da street address)
	·	,
New Registered Office Address:		
New Registered Office Address:		Florida
<u>New Registered Office Address:</u>	(City)	, Florida, (Zip Code)
v Registered Agent's Signature, if changing Regis	stered Agent:	(7.ip Code)
New Registered Office Address: We Registered Agent's Signature, if changing Registered agent. I	stered Agent:	(7.ip Code)

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, (f 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 Dire, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X.Change X.Remove X. Add	V M	lm Dog ike Jones lly Smith	
Type of Action (Check One)	Title	Name	<u>∆ddres</u> s
1) Change Add	<u>D</u>	Christina Stephens	23575 NW 42nd Ave Lawtey, FL 32058
* Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			:
Remove			
6) Change Add			
Remove			
E. If amending or add (atach additional she	ing additional A tets, if necessary	articles, enter change(s) here:). (Be specific)	
FEIN 93-3335394	_		
			
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The	late of such	
date ti	iste of each amendment(s) adoption;his document was signed.	, if other than the
Fileci	tive date if applicable:	
BT .	(no more than 90 days after amendment file date)	
docum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be nent's effective date on the Department of State's records.	listed as the
Adopt	tion of Amendment(s) (CHECK ONE)	
//	he amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)	

	There are no members or members emissed to
	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 12/12/23
	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)
	Steven Meserve
	(Typed or printed name of person signing)
	PD
	(Title of person signing)