P03000017710

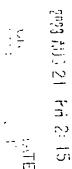
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: God's Bless Inc DOCUMENT NUMBER: P03000017710 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: J. PEREZ Name of Contact Person J. PEREZ LEGAL, P.A. Firm/ Company 9710 Stirling Road Ste 105 Address Cooper City, FL 33024 City/ State and Zip Code ashley.brown@godsblesshh.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 281-2246

Area Code & Daytime Telephone Number Ashley Brown Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐§52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

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

Tallahassec, FL 32303

Articles of Amendment to Articles of Incorporation of

01	
GOD'S BLESS, INC.	
	ly filed with the Florida Dept. of State)
193000017710	
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Alu	The new
name must be distinguishable and contain the word "corporation," "e "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	Alm
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	<i>ω</i> <i>Α</i>
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address No me of New Registered, (gent)	
(Florida str	reet address)
New Registered Office Address:	City Code 5
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am jamiliar v	

Signature of New Registered Agent, if changing

Check if applicable

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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 = Charman 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: κ urrently 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 cn Add.

X Change	<u>PT</u> <u>Jol</u>	hn Doc	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
<u>X</u> Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	8	STEVEN ROSENSTEEL	503 LAKESIDE CIRCLE, SUNRIS
X Add			
Remove			
2)Change	D 	SHANNON ROSENSTEEL.	503 LAKESIDE CIRCLE, SUNRIS
X Add			
Remove Change			
Add			
Remove			
4)Clunge		*	79.023 AUG
Add			27
Remove			
51 Change			., ?:
Add			77 5
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary). (Be specific)	
NIA	
	.

	; <u> </u>
If an amendment provides for an exchange, ; eclassification, or cancellation of issued	shares.
provisions for implementing the amendment if not contained in the amendment itself (if not applicable, indicate N A)	
Alu	: 21
<i>N</i> /7	<u> </u>
	ा ।
	

The date of each amendment(late this document was signed.		, if other than the
Effective date <u>if applicable</u> :	410	
	(no more than 90 days after amendment file date)
	his block does not meet the applicable statutory filing requirement of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	e adopted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the autere sufficient for approval.	nendment(s)
	e approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes	east for the amendment(s) was/were sufficient for approval	
br	(voting group)	
08 16 3		
O8 16 1 Dated Signature / (By scl	y a director, president or other officer – if directors or officers have lected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary) ASHLEY BROWN (Typed or printed name of person signing)	other coun
O8 16 1 Dated Signature (By sel	y a director, president or other officer – if directors or officers have lected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary) ASHLEY BROWN	