Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000210593 3)))



H1400001105933ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERV

Account Number : 120000000019

Phone

: (305)552-5973

Fax Number : (305) 675-5944

stEnter the email address for this business entity to be used for \Im annual report mailings. Enter only one email address please.

Danie 1	Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN GODAVIP CORP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Mcnu

#1635 P. 002/005

Articles of Amendment to Articles of Incorporation H \$16000210593

GODAVIP CORP	JALL APPACE	e
(Name of Corporation as currently filed with the Flor	Ida Dept. of State	
P14000066079		:
(Document Number of Corporation (if ke	nown)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Articles of Incorporation:	oriun Profit Corporation adopts the following	: pmendment(s)

A. II smeating name, enter the new mante of the corporation!	:	
	<i></i>	e new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or " word "chartered," "professional association," or the abbreviation "	"Co". A professional corporation name must con-	
B. Enter new principal office address, if applicable:	:	
(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the	

new registered agent and/or the new registe	ored office address:		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	. ,,
	(Çity)		(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position, Signature of New Registered Agent, if changing

and

H14000210593

address of each Office (Attach additional she Please note the officer P - President; V= Vi Executive Officer; CF held. President, Treas Changes should be no a change, Mike Jones	er aud/or D reis, if necess /director tith ice President FO = Chief F urar, Directo ted in the fol- leaves the co	trector being added: cary) is by the first letter of the office title: i: T= Treasurer: S= Secretary: D= Director; Financial Officer. If an officer/director holds or would be PTD. Howing manner. Currantly John Doe is listed	officer/divector being removed and title, name, TR= Trustee; C = Chairman or Clerk; CEO = 6 more than one title, list the first letter of each of as the PST and Mike Jones is listed as the V. The These should be noted as John Doe, PT as a Cha
X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Saily Smith	
Type of Action (Check One)	Tirle	Name	Addices
1) Change	VP	ERIKA MUNOZ	10410 SW 157TH COURT
Add			#202
Remove			МІАМІ, FL 33196
2) Cliange	<u>s</u>	ERIKA MUNOZ	10410 SW 157TH COURT
Vqq			#202
Remove			MIAMI, FL 33196
3) Change	VP	ERICA MUNOZ	10410 SW 157TH COURT
Add			#202
Remove		,	MIAMI, FL 33196
4) Change	s	ERICA MUNOZ	10410 SW 157TH COURT
·Add		•	#202
Remove			MIAMI, FL 33198
5) Change		-	
Add			
Rentove			
6) Change			
Add			
Remove			

Page 2 of 4

H14000210593

#1635 P.004/005

H14000210593

atemi emini	r adding additional Ai nal sheets, if necessary)	. (Be specific)			
					·····
,					
		_			
<u>.</u>					
	· · · · · · · · · · · · · · · · · · ·				
-					
		·			
on amendage rovisions for (if not app	nt provides for an excl Implementing the ame licable, indicate N/A)	hange, reclassific adment if not cos	ntion, or cancellat ntained in the am	ion of issued shares, andment lisolf:	ı
		· ·			

Page 3 of 4

H14000210593

The date of each amendment(s) adoption: 08/14/2014 date this document was signed.	If other than the
Effective date if applicable: 08/14/2014 (no more than 90 days after amendment file date)	· :
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) washvere adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders washvere sufficient for approval.	:
The smendment(s) wastwere approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	:
"The number of votes cast for the amendment(s) was/were sufficient for approval	
hy (voling group)	
(voling group)	:
The amondment(s) was Avere adopted by the board of directors without shareholder action and shareholder action was not required.	: : :
The amendment(s) was/were adopted by the incorporators wideout shareholder action and shareholder action was not required.	!
Dated 08/14/2014	
Signature Parola HUTO2	;
(By a director, president or officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, studies, or other count appointed siduolary by that siduolary)	;
PAOLA MUNOZ	,
(Typed or printed name of person signing)	 : :
PRESIDENT	•
(Title of person signing)	