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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GODSEND 2020	INC				
DOCUMENT NUMB	P20000063705					
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.				
Please return all corresp	pondence concerning this ma	tter to the following:				
	D	ELIA SARDINHA JARDI	M			
-	Name of Contact Person					
		GODSEND 2020 INC				
-	Firm/ Company					
	9721 NW 49TH TERRACE #401					
-		Address				
		DORAL, FL 3317	78			
-		City/ State and Zip Code	<u>. </u>			
	d	eliasardinha77@hotmail.co	om			
-		sed for future annual report				
For further information	concerning this matter, plea	se call:				
	tomeering in manner, pres					
DELIA SARDINHA	JARDIM	at (480	1076			
Name o	f Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
	ing Address		Address Iment Section			
	sion of Corporations	Division of Corporations				
	Box 6327	The Centre of Tallahassee				
Talla	hassee, FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as ea	urrently filed with the Florida Dept. of State)	
(Document Nu	mber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following am	nendment(s) to
A. If amending name, enter the new name of the corporat	tion:	
		e new
name must be distinguishable and contain the word "corporati "Inc.," or Co.," or the designation "Corp." "Inc," or "C "chartered," "professional association," or the abbreviation	Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
		
		
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 new registered agent and/or the new registered office a		
Name of New Registered Agent		
(Flo	orida street address)	20
New Registered Office Address:	Florida	ਨਿ ਲਿ—=।
	(City) <u>-{Zip</u> Code	
		2
New Registered Agent's Signature, if changing Registered		Ž ii
I hereby accept the appointment as registered agent. I am fai	miliar with and accept the obligations of the position:	ا ت يم
Signature of	New Registered Agent, if changing	

Check if applicable

☐ 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)

Example:

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

\underline{X} Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Р	GUERRERO LAYA , ERIK A.	9721 NW 49TH TERRACE #401
X Add			DORAL, FL 33178
Remove 2) X Change	VP	SARDINHA JARDIM, DELIA	9721 NW 49TH TERRACE #401
Add		_	DORAL, FL 33178
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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lf an ame	ndment nra	vides for an	erchangs	- rocksecif	ication or	cancellation	af issned s	haros	
provision	<u>ns for impler</u>	menting the	<u>amendm</u>	ent if not o	contained i	n the ameno	lment itself	<u>:</u>	
(if no	ot applicable,	, indicate N/A	()					_	
				_	· -				
							_		
				<u> </u>					_

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	09/21/2020	
The date of each amendment(s) ad-	option:	, if other than the
date this document was signed.		
	/2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendmer	nt file date)
	(no more man zo days after amenamer	nyac duic)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing resartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	oted by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	nted by the shareholders. The number of votes east ficient for approval.	for the amendment(s)
	oved by the shareholders through voting groups. Trach voting group entitled to vote separately on the	
"The number of votes east f	or the amendment(s) was/were sufficient for approv	val
by SARDINHA JARDIM,		
•	(voting group)	_
09/22/2020		
Dated		
Signature	Delia Sardinha	,
selected	ector, president or other officer – if directors or off, by an incorporator – if in the hands of a receiver, t d fiduciary by that fiduciary)	
	DELIA SARDINHA JARI	DIM
-	(Typed or printed name of person signing	<u>g)</u>
	President	
-	(Title of person signing)	

Contraction