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COVER LETTER

TO: Amendment Section Division of Corporations

• • •

NAME OF CORPO	RATION: GOD'S POWER K	VB, CORP			
DOCUMENT NUM	BER: 22000003672				
	of Amendment and fee are sul	bmitted for filing.			
Please return all corre	spondence concerning this mat	tter to the following:			
	GLAUCA BASTOS				
	Name of Contact Person				
	THE TRUST CIRCLE SERVICES LLC				
		Firm Company			
	1001 EAST SAMPLE ROAD 10E				
	Address				
	POMPANO BEACH FLORIDA 33064				
		City State and Zip Code	<u> </u>		
	ATENDIMENTOTHETRUSTCIRCLE@GMAIL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
	on concerning this matter, pleas		2459[23		
GLAUCIA BASTOS Name of Contact Person		at (de & Dayrime Telenhone Number		
	or the following amount made				
■ 835 Filing Fee	□1843.75 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)		
An Div P.C	ifling Address nendment Section ision of Corporations), Box 6327 lahassee, FL 32314	Amend Divisic The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

GOD'S POWER KYB, CORP		2022 FEB - L	AMII:3
(<u>Name of Corporati</u>	on as currently filed with th	I'll salal a IN coar C that a N	
P22000003672		SECRETARY TALLAHASS	r OF STATE EELFLEE
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Floridants Articles of Incorporation:	eStatutes, this <i>Florida Profit</i>	Corporation adopts the following amer	ndment(s) to
A. If amending name, enter the new name of the co	orporation:		
		The	
name must be distinguishable and contain the word "co "Inc." or Co.," or the designation "Corp." "Inc.," "chartered." "protessional association," or the abbre	" or "Co". A professional		
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADL</u>			
			
C. Enter new mailing address, if applicable:			·
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>		
	_		
D. If amending the registered agent and/or register	red office address in Florida	, enter the name of the	
new registered agent and/or the new registered	office address:		
Name of New Registered Agent	·		
	(Florida street address)		
New Registered Office Address:		, Florida	
	(Chy)	(Zip Code)	
New Registered Agent's Signature, if changing Reg	istered Agent:		
t hereby accept the appointment as registered agent		t the obligations of the position.	

Signature of New Registered Agent, if changing

•

6) _____ Change

Add

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 Evecutive 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: \underline{X} Change \mathbf{PT} John Doe ∑ Remove \overline{X} Mike Jones λ Add \underline{SY} Sally Smith Type of Action Address Title <u>Name</u> ocheck One). $\nabla \mathbf{P}$ FABIO SOUSA MENDES 10212 MANGROVE WELL RD 13 Change SUN CITY CENTER FL 33573 ____ Add ∇P FABIANO SOUSA MENDES 10212 MANGROVE WELL RD 2) ____ Change X____ Add SUN CITY CENTER FL 33573 ____Remove 3.) ____ Change _____ Add ____Remove _ Change _ Add ____ Remove 51 ____ Change ____ Add . ___ Remove

(If amending or adding additional Articles, enter change(s) here: Attach additional sheets, it necessary). (Be specific)
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_	
-	
	re to the first of the second charge and the first of the model harms
٠.	If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
_	

The date of each amendment(s) ad	laption:	if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no move than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was were ado action was not required.	opted by the incorporators, or board of directors without shareholder actio	n and shareholder
The amendment(s) was were ado by the shareholders was were sn	opted by the shareholders. The number of votes east for the amendment(s) flicient for approval.)
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendmentest:	nt
"The number of votes cast	for the amendment(s) was were sufficient for approval	
by		
Dated_O1	20 2022	
selected	force ident or other officer - if directors or officers have not been it, by an incorporator - if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	FABROSOUSA rundes	
	(Typed or printed name of person signing)	
	Inca posiolini.	