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COVER LETTER

TO: Amendment Section Division of Corporations							
NAME OF CORPORATION: GOD- DOCUMENT NUMBER: £230000	GEOUS 11 38744	nc					
The enclosed Articles of Amendment and fee are sub	mitted for filing.						
Please return all correspondence concerning this matt	er to the following:						
LaGora	a Johnson						
Gol	Name of Contact Person - Geous In	<u>C.</u>					
P.O. Box 61							
$\overline{t_0}$	Habasse =	A. 32302	. 3				
	(lity/ State and Zip Code		1 (2)				
into a ga	t-geous, com		::7				
E-mail address: (to be use	ed for future annual report	notification)	- 77				
For further information concerning this matter, pleas	e call:		_				
LaGora Johnson	at (850	508.2411	_				
Name of Contact Person	Area Co	de & Daytime Telephone Number					
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:					
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section		Address Iment Section					
Division of Corporations	Division of Corporations						
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810						
rationassee, 11, 52514		assec, FL 32303					

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)
102 3 NAOD 20744
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation: The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Talahasse T. 32301
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Tayahassee, Fy. 32302
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:
Name of New Registered Agent La Com Johnson
Pro Box 61 - 216 E. College St. (Florida street address) New Registered Office Address: Tallahassee (City) (City) Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position.
Signatule of New Registered Agent, if changing Check if applicable The amendment(s) is/are being filed pursuant to s. (07.0120 (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 = 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 Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>John D</u>	<u>'0e</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One) 1) Change Add	Title CEO, President	La Cora Johnson	P.O. Box 61 Tallahasseef
Remove 2) Change			<u>323</u> 82
Add			
Remove 3) Change			
Add			i
Remove 4) Change			
Add Remove			
5) Change			
Add			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
Name Charge Worer	
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La Cora Tohnson	····
La cora Johnson	
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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)	
	·

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11.8.23	if other than the
The date of each amendment(s) adoption: date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	nd shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were 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	
by Lalora Johnson " (voting group)	
11 9.23	
Dated	~.?
Signature (By a director, president of other officer - if directors or officers have not been	<u></u>
selected, by an incorporator f if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	1
La Cora Johnson	· ;
(Typed or printed name of person signing)	
CEO, President	
(Title of person signing)	