P9500002182

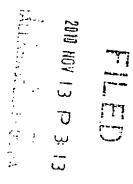
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION:	GODLEETIKAS (CORP	
	DCUMENT NUMBER:P95000002182			
The enclosed Articles of	Amendment and fee are sul	hmitted for filing.		
Please return all correspo	ondence concerning this mat	tter to the following:		
		XIOMARA LE	E	
_		Name of Contact	Person	
_		Firm/ Compa	iny	
		7815 SW 24 ST S	STE 10	7
_		Address		
		MIAMI, FL 33	155	
		City/ State and Zi	p Code	
		xiolee89@gmai	il.com	
	E-mail address: (to be us	sed for future annual	report	notification)
For further information	concerning this matter, pleas	se call:		
XIG	OMARA LEE	at (805	333-2314 de & Daytime Telephone Number
Name of	Contact Person		rea Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florid	la Depa	ertment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional copy enclosed)		☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314			Amend Division Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment **Articles of Incorporation**

GODLEETIKAS CORP

(Name of Corporation as currently filed with the Florida Dept. of State) P95000002182 (Document Number of Corporation (if known)

ent(s) to

A. If amending name, enter the new name of the corporation:		
N/A		The nev
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corpo	porated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address		ime of the
tFlorida	street address)	
New Registered Office Address:	(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	$rac{ extbf{nt:}}{r}$ with and accept the obligation	ns of the position.
Signature of New	Registered Agent, if changing	

w

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.

Example: 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	٧	JORGE L. CUESTA	7815 SW 24 ST STE 107
X Add			MIAMI, FL 33155
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u> </u>
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	·
F. If an amendment provides for an exchange, reclassification, or	cancellation of issued shares,
provisions for implementing the amendment if not contained in (if not applicable, indicate N/A)	the amendment itseit.
N/A	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 9	0 days after amendment file date)
Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records.	cable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	e number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders three must be separately provided for each voting group entitled to	ough voting groups. The following statement vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/we	
hy(voting group)	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors action was not required.	s without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators with action was not required.	hout shareholder action and shareholder
11/01/2018	
Dated	
	cer – if directors or officers have not been ne hands of a receiver, trustee, or other court
ROM	IINA CAPUANO
(Typed or printed	name of person signing)
F	PRESIDENT
(Title	of person signing)