# P23000035170

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000408459500

ALLAHASSEE, FLORII

# **COVER LETTER**

,TO: Amendment Section Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: City/ State and Zip Code For further information concerning this matter, please call: Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

### Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



July 18, 2023

LASHANDA EDWARDS 1491 NORTHWEST 202 STREET MIAMI, FL 33169

SUBJECT: THY KINGDOM ESSENTIAL INC

Ref. Number: P23000035170

We have received your document for THY KINGDOM ESSENTIAL INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Presidents name is not legible and complete the address.

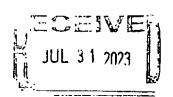
Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

You must type the complete/legal name of the individual(s) signing the document in each signature block.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 423A00015956



# Articles of Amendment to • Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)	
Ihu Kingciom Essential Inc.	
(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 its Articles of Incorporation:	g amendment(s) to
A. If amending name, enter the new name of the corporation:    The Concent of Concent of Company   Company   The Company   Com	_The new on "Corp.," in the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )  \$\overline{\pi} \cdot \	ອຄຸງ
	<del>57</del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Ì
(muning undress <u>MAT BE ATOST OFFICE BOX</u> )	3
	=
	4
D. If amending the registered agent and/or registered 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,	
(City) (Zip C	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	•
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)

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	PT John I	Doe	
X Remove	<u>V</u> <u>Mike</u> .		
			149 MW 2025
X Add	SV Sally S		1-111: 33(6)
Type of Action (Check One)	Title	Name Edu arches heinely	149/NW 2025 3316 Mami Gardens Fl
1) Change	Edwa,	rets topanda	144 northwest 28 fre
Add		/	<u>33149</u>
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			<del></del>
Add			
Remove			
5) Change	<u></u>		
Add			
Remove			<del></del>
6) Change			
Add			
Damara			

		(Be specific)			
•			•		
•••					
·-·	· · · · · · · · · · · · · · · · · · ·			<del></del>	
	<del></del>				
				<u> </u>	
·		<u> </u>			
				·	
<del></del> -	<del></del>				
×		<del></del>			
				<u></u>	
		. <u>.</u>			
		<u> </u>			<del></del>
			·		<del></del>
-					
			<del></del>		
		hange reclassifica	tion or cancellation	an of issued chares	
f an amendment o	ovides for an excl		tion, or cancematic	- I 't IC	1
f an amendment pe provisions for imp	ovides for an excl	ndment if not con	stained in the ame	nament itself:	
provisions for imp	ovides for an exclementing the ame le, indicate N/A)	endment if not con	tained in the ame	<u>nament itself:</u>	
provisions for imp	ementing the ame	endment if not con	tained in the ame	nament itseit:	
provisions for imp	ementing the ame	endment if not con	tained in the ame	nament itsell:	
provisions for imp	ementing the ame	endment if not con	ntained in the ame	nament itsell:	
provisions for imp	ementing the ame	endment if not con	ntained in the ame	nament itsell:	<del>-</del>
provisions for imp	ementing the ame	endment if not con	itained in the ame	nament itself:	
provisions for imp	ementing the ame	endment if not con	itained in the ame	nament itself:	
provisions for imp	ementing the ame	endment if not con	ntained in the ame	nament itself:	
provisions for imp	ementing the ame	endment if not con	ntained in the ame	nament itsell:	
provisions for imp	ementing the ame	endment if not con	ntained in the ame	ngment itself:	
provisions for imp	ementing the ame	endment if not con	ntained in the ame	nament itself:	
provisions for imp	ementing the ame	endment if not con	ntained in the ame	nament itself:	
provisions for imp	ementing the ame	endment if not con	ntained in the ame	ngment itself:	

. .

The date of each amendment(s) acd date this document was signed.	loption:	, if other than the
Effective date <u>if applicable:</u>	•	
<del> </del>	(no more 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 requirement partment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amofficient for approval.	endment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The followin each voting group entitled to vote separately on the aenendmen	g statement t(s):
"The number of votes cast t	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
المعدد الدم	rector, president or other officer - if directors or officers have not by an incorporator - if in the hands of a receiver, trustee, or o	
appointe	ed fiduciary by that fiduciary warch	ther court
	Fashurela Echarco	
-	(Typed or printed name of person signing)	1 . 1
	(Typed of printed fiame of person signing)	Essential
-	(Title of person signing)	Cocabely
,	Presdienti	
/	•	

2029 AUG -1 PH 1: 44

SCURL BARY OF STATE
TÄLLAHASSEE, FLORIDA