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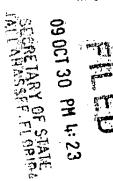
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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATI	on: Great	er Impact Min	nistries In
DOCUMENT NUMBER:	N08000	1011381	
The enclosed Articles of Ar	nendment and fee are subm	nitted for filing.	
Please return all correspond	lence concerning this matte	r to the following:	
	(Name of C	Contact Person)	
	Greater I	mpact Ministr Company)	ies Inc
<u>.</u> . F	0 Box 190	595 idress)	
**************************************	Lauderh (City/State	11 FL 3331 and Zip Code)	9
<u>I</u>	E-mail address: (to be used	n 2005@ Jaho for future annual report motifica	00.Com
For further information con-	cerning this matter, please of	call:	
Debi Pa (Name of Co	ImiSano ntact Person)	_at (954) 33( (Area Code & Daytim	ne Telephone Number)
Enclosed is a check for the	following amount made pay	able to the Florida Department	of State:
\$35 Filing Fee	\$43.75 Filing Fee & tificate 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)
Mailing Ad- Amendment Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

<i>?</i>	
(greater In	pact Ministries Inc
(Name of Corporation as currently file	
NARAAANIT	381
(Document Number of C	
·	• • •
Pursuant to the provisions of section 617.1006, Florida S the following amendment(s) to its Articles of Incorporati	
and remaining annument (s) to the remaining of the operation	
A. If amending name, enter the new name of the corp	poration:
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." n	
abbreviation Corp. or Inc. Company or Co. In	nuy not be used in the nume.
B. Enter new principal office address, if applicable:	PGG \
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u> )
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	<u> </u>
	He R
	- S F.
D. If amending the registered agent and/or registered	l office address in Florida, enter the name of the
new registered agent and/or the new registered of	fice address:
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	· ,
	, Florida (City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	
I hereby accept the appointment as registered agent, position.	I am familiar with and accept the obligations of the
Signature	of New Registered Agent, if changing

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)

<u>Title</u>	Name	<u>Address</u>	Type of Action
D	Debi Palmisano	3884 E Hibiscus S. Weston FL 3333	Add Remove
D	Michael DeGiovanni	13786 NWZIST Pembroke Pines FL 33028	☐ Add Remove
			☐ Add ☐ Remove
	ng or adding additional Articles, enter litional sheets, if necessary). (Be specif		
		And Market Annual Control of the Con	

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>D</u>	Dr Nicholas Krevatas	3613 Arthur Street Hollywood FL 33021	Add Remove
<u>D</u>	Marlon Francis	9736 W McNab Rd Tamasac, FL 3332	Add Remove
D	Laura Torres	7504 NW 58 CT Tamarac FL 33371	
	nding or adding additional Articles, enter additional sheets, if necessary). (Be specij		
<del></del>	······································		
·····			

The date of each amendment(s) a	doption: 10-26-09
	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament fite date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of director	bers entitled to vote on the amendment(s). The amendment(s) was/were rs.
Signature(By the chave not	chairman or vice ghairman of the board, president or other officer-if directors to been selected, by an incorporator – if in the hands of a receiver, trustee, or
other co	urt appointed fiduciary by that fiduciary)
_	Tony Palmisano
	(Typed or printed name of person signing)
	Director
	(Title of person signing)