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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

SLOBAL APOSTON NAME OF CORPORATION:	LIC MINISTRIES FELI	LOWSHIP	ASSOCIATION, INC.
N09000006985 DOCUMENT NUMBER:		_	
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
FRANK A LLOYD II			
	(Name of Contact Perso	on)	
HOPE OUTREACH LOVE CENTER			
	(Firm/ Company)		<u>.</u>
3271 W. BROWARD BLVD			
	(Address)	• •	
LAUDERHILL, FL 33312			
	(City/ State and Zip Coo	ie)	-
MVANOLINDA@YAHOO.COM			
E-mail address: (to be used	for future annual report	notification	n)
For further information concerning this matter, please	call:		
MYSTIQUE VANOLINDA	77 at	70	8432313
(Name of Contact Person)) (A	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	nyable to the Florida Dep	partment of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	O Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amen Divisi	Address dment Section of Corpo Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

GLOBAL APOSTOLIC MINISTRIES FELLOWSHIP ASSOCIATION, INC.

(Name of Corporation as currently filed with the	e Florida	Dept. of State)	
N09000006985			
(Docum	nent Numb	per of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statut	es, this Florida Not For Profit Corporation ad	opts the following
A. If amending name, enter the new name of th	e corpora	tion:	
GLOBAL APOSTOLIC MINISTRIES FELLOWS	SHIP ALL	IANCE, INC.	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		tion" or "incorporated" or the abbreviation "(
B. Enter new principal office address, if applica	ıble:	N/A	
(Principal office address <u>MUST BE A STREET A</u>)	
			•
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	N/A	21
			923
			
D. If amending the registered agent and/or regi			
new registered agent and/or the new register	ed office a	address:	-5
Name of New Registered Agent:	N/A		₹. .:
			~ .
		(Florida street address)	
New Registered Office Address:			
	N/A	, Florida	N/A
		(City) (Zip C	nde)
New Registered Agent's Signature, if changing I	Registered	Agent:	
I hereby accept the appointment as registered agen			osition.
-		ignature of New Registered Agent, if changing	
	၁	унание од меж педметен прени, у снапуту	

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 X Remove X Add	PT John De V Mike Je SV Sally Sr	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
i) N/A Change Add			
Remove			
2) Change Add			
Remove Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	ig additional Arti	icles, enter change(s) here: (Be specific)	
N/A			
	···-		

Effective data if applicable: MAY 31, 20.	23	
The date of each amendment(s) adoption: date this document was signed.		, if other than the
		
		
		

Adoption of Amendment(s)

was/were sufficient for approval.

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

Dated	MAY 31, 2023
Signatur	E DRMT
-	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	MYSTIQUE PHILLIPS
	(Typed or printed name of person signing)

(Title of person signing)