N1000003910

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6/22/10

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Kingdom Generation Ministries Inc.					
DOCUMENT NUMBER: N1000003910					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
(Name of Contact Person)					
(Name of Contact Person) Kingdom Generation Ministries Inc. (Firm/Company)					
2690 SW 126 th Way					
Mir amar, 4 33021 (City/ State and Zip Code)					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Faith Williams at (305) 194-9685 (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:					
\$35 Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \text{\$\s					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

	to	" [L_'		
Article	es of Incorporation	, '		
	of 2010.	JUN 21	PH 12: 26	
<u>Kingdom Generation Mi</u>	nistnes Inge	RETARY	OF STATE	
(Name of Corporation as curren	tly filed with the Alba	<u>AdbADS</u>	tt of State	
<u>N10000003910</u>				····
(Document Numb	per of Corporation (if k	nown)		
Pursuant to the provisions of section 617.1006, F the following amendment(s) to its Articles of Inc.		orida Na	ot For Profit	Corporation adopts
A. If amending name, enter the new name of t	the corporation:			
The new name must be distinguishable and con abbreviation "Corp." or "Inc." "Company" or				cated" or the
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>E BOX</u>)	Market Amerikan disensis		
D. If amending the registered agent and/or renew registered agent and/or the new registered		s in Flor	ida, enter th	e name of the
Name of New Registered Agent:				
<u>New Registered Office Address</u> :	(Florida stree	t addres	rs)	
_				orida
	(City)			(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.		· with ar	nd accept the	e 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	Address	Type of Action
Treasurer	Trenton Brooks	Miarm, Al. 33142	☐ Add ☐ Remove
Foaswer	Faith Williams	6517 Pines Parkway Horiywood, 41, 33023	☐ Add ☐ Remove
			Add Remove
E. If amend	ling or adding additional Articles, en dditional sheets, if necessary). (Be sp	ter change(s) here:	
	autional sneets, if necessary). (ве sp	· · · · · · · · · · · · · · · · · · ·	
		The THE STATE OF STAT	· · · · · · · · · · · · · · · · · ·
		 	
		Physical Medical Committee	

The date of each amendment(s) a	adoption: 5-27-10
	(date of adoption is required) '
Effective date <u>if applicable</u> :	
.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s)
There are no members or mem adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated	27,2010 Tath 1211 ths
have no	charman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or our appointed fiduciary by that fiduciary)
	Forth U. Williams (Typedor printed name of person signing)
170	10. President 12 Assistant Ministry Leader (Title of person signing)