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(A	ddress)	
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COVER LETTER

TO: Amendment Section Division of Corporations

International Kingdom Mini NAME OF CORPORATION:	stries Assembly, Inc.
N1100000441 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for	filing.
Please return all correspondence concerning this matter to the f	ollowing:
Maria Nancy Bocalan	
(Name o	f Contact Person)
International Kingdom Ministries Assembly	
(Fin	m/ Company)
4900 SW 46 H	ct Apl. 2107
	(Address)
4900 SW 46th Ct Apt 2107	ala Fl 34474
(City/ Sta	ate and Zip Code)
nancytkc45@yahoo.com	
E-mail address: (to be used for futur	e annual report notification)
For further information concerning this matter, please call:	
Maria Nancy Bocalan	352 81641 4 6
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to t	he Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Certificate of Status Certific (Additional centrols)	ed Copy Certificate of Status ional copy is Certified Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

See Application forms attach fin Corporation Name Change Amendmet Application New Name: International Kingdom Mandate

Articles of Amendment

to
Articles of Incorporation

International	King down	Ministries	1 (212) -
(Name of Corporation as c	MA CLOVA	Florida Dant of States	Assembly =
1 \	·	riorida Dept. of State)	
	Number of Corporation	(if lineum)	
	•		
Pursuant to the provisions of section 617.1006, Florida samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida No</i>	t For Profit Corporation	adopts the following
A. If amending name, enter the new name of the cor	poration:		
INTERNATIONAL KINGDOM MANDATE AMBASS	SADORS, INC.		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorpoi	cated" or the abbreviation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address in Flor fice address:	ida, enter the name of th	<u> </u>
Name of New Registered Agent:			
			
New Registered Office Address:		(Florida sireei address)	
	(City)	, Florid (Zi <u>p</u>	la _Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. It	tered Agent: um familiar with and acc	rept the obligations of the	in the second se
		000	
	Signature of New Re	gistered Agent, if changli	
	Page 1 of 4	(1) (3)	

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	<u>V</u> <u>Mi</u>	<u>n Doe</u> se Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)	
· · · · · · · · · · · · · · · · · · ·		-
		- <u> </u>

	date of each amen this document was	dment(s) adoption:	, if other than the
	ective date <u>if applic</u>	AUGUST 9, 2018	
		(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will no te on the Department of State's records.	t be listed as the
٨d٥	ption of Amendme	ent(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficien	was/were adopted by the members and the number of votes cast for the amendment(s) t for approval.	
	There are no membadopted by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	AUGUST 9, 2018	
	Signature	Ja Jazzanla	
		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)	
		Maria Nancy Bocalan	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	

State of Florida Department of State

I certify that the attached is a true and correct copy of the Articles of Dissolution, filed on August 2, 2018, effective August 2, 2018, dissolving JFCL INTERNATIONAL CORP, a Florida corporation, as shown by the records of this office.

The document number of this corporation is P15000092594.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Third day of August, 2018

Secretary of State

