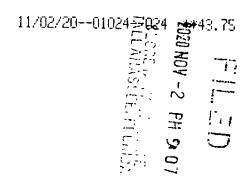
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	LIFE CHANGING ON:	GLOBAL MINISTR	Y, INC		
DOCUMENT NUMBER:	N12000006105				
The enclosed Articles of Am		mitted for filing.			
Please return all corresponde	ence concerning this matt	ter to the following:			
Nekeisha Toorie					
		(Name of Contact F	Person)		
Life Changing Global Minis	stry				
		(Firm/ Compan	ıy)		•
2727 N John Young Parkwa	ay Suite B				
		(Address)			
Kissimmee FL 34741					
		(City/ State and Zip	Code)		_
lifechangingglobalministry(@gmail.com				
E	-mail address: (to be use	d for future annual re	port notificati	on)	
For further information conc	erning this matter, please	e call:			
Nekeisha Toorie		ภเ	4()7	963-0211	
	(Name of Contact Persor		(Area Code)	(Daytime Telepho	ne Number)
Enclosed is a check for the f	ollowing amount made p	ayable to the Florida	Department o	f State:	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Cert is Cert (Add	50 Filing Fee ificate of Status ified Copy litional Copy is losed)	
Mailing A			reet Address	ution.	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

LIFE CHANGING GLOBAL MINISTRY, INC.			
Name of Corporation as currently filed with the Florida	Dept. of State	<u>!</u>)	
N12000006105			
(Document Num	ber of Corpora	tion (if known)	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this <i>Florid</i>	la Not For Profit Corporation adopt	s the following
A. If amending name, enter the new name of the corpora	ation:		
			The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "inc	orporated" or the abbreviation "Cor	
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS	5)		
	<u></u>	· · · · · · · · · · · · · · · · · · ·	
			<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
			-; <u>3</u>
	-	· · · · · · · · · · · · · · · · · · ·	하 중
). If amending the registered agent and/or registered off	fice address in	Florida, enter the name of the	12
new registered agent and/or the new registered office	address:		. PH
Name of New Registered Agent:			ু কু
		<u> </u>	.' ' e :
		(Florida street address)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code	,
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am for		nd accept the obligations of the positi	ion.
			·
	Signature of N	w 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)

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 Do V Mike Jo SV Sally St	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>P</u>	Hector, Cecil Henderson	403 Spike Court Kissimmee, FL 34759
x Remove			
2) × Change Add	<u>P</u>	Aguzic. Tessylinda	1685 Old Norcross RD 200 A Lawernceville, GA 30045
Remove 3) Change Add Remove			70:01
4) Change Add			10V - 2
Remove 5) Change Add			PH 90
Remove 6) Change Add			
Remove E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	

,		
·		
		
		
		
		
		
	(90/3(1/2)()	
The date of each amendment(s) adoptio	n:	, if other than the
date this document was signed.		
ries to the second second		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will not be ent of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes east for the amendment(s)	

Dated	10/27/2020
Signat	ure Mikerhirovaii
v	(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)
	Nekeisha Toorie

(Title of person signing)

Articles of Amendment to Articles of Incorporation of

LIFE CHANGING GLOBAL MINISTRY, INC.		
(Name of Corporation as currently filed with the F)	orida Dept, of State)	
N12000006105		
(Documen	t Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
name must be distinguishable and contain the word "a "Company" or "Co." may not be used in the name.	corporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI.		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>x</u>)	
D. If amending the registered agent and/or register new registered agent and/or the new registered		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Flo	orida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept	the obligations of the position.
	Signature of New Registe	rred 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)

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 Do V Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>P</u>	Hector, Cecil Henderson	403 Spike Court Kissimmee, FL 34759
x Remove			
2) × Change Add	<u>P</u>	Aguzic, Tessylinda	1685 Old Norcross RD 200 A Lawernceville, GA 30045
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
·			
			

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The date of each amendment(s) adoption date this document was signed.	on: <u>09/30/2020</u>	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block do document's effective date on the Department.	pes not meet the applicable statutory filing requirements, this date will not be nent of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	

Dated	
	Verha Dovie
have not bee	nan or vice chairman of the board, president or other officer-if director n selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)
Nekeisha	Toorie
	(Typed or printed name of person signing)
Secretary	
	(Title of person signing)