N1300005939

	(Requestor's Name)		
	(Address)		
	(Address)		
	(City/State/Zip/Phone #)		
PICK-UF	P WAIT MAIL		
	(Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
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SECRETARY OF STAIR.

APR 0 5 2017 T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: KINGDOM EMPOWERNERH alubal MINIPARIE
DOCUMENT NUMBER: N1300005939
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mitmikashu Smith-
(Name of Contact Person)
(Firm/ Company)
1310 Word Duck LN
(Address)
+ nuttinud Prock, Fl 34731
(City/State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
M MULLULIA SMHh (Name of Contact Person) at (352) 874-2694 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status \$43.75 Filing Fee Certificate of Status

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
Tallahassee, FL 32301



March 2, 2017

MARKESHA SMITH 1310 WORD DUCK LN FRUITLAND PARK, FL 34731

SUBJECT: KINGDOM EMPOWERMENT GLOBAL MINISTRIES, INC.

Ref. Number: N13000005939

We have received your document for KINGDOM EMPOWERMENT GLOBAL MINISTRIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please have a officer or director sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 717A00004063

Articles of Amendment

Articles of Incorporation

1/ \ \	of	1 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(Name of Corporation as	currently filed with the Flor	ment 6 lo bal Ministr	
(Name of Good por attour as	$\frac{1}{2}$	ida Dept. of State)	In
(Document	t Number of Corporation (if k	nown)	
suant to the provisions of section 617.1006, Florida	Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following	
endment(s) to its Articles of Incorporation:			
If amending name, enter the new name of the co	rporation:		
		The new	
ne must he distinguishable and contain the word "company" or "Co." may not be used in the name.	orporation" or "incorporated	I" or the abbreviation "Corp." or "Inc."	
Enter new principal office address, if applicable incipal office address <u>MUST BE A STREET ADD</u>			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u>X</u>)		
If amending the registered agent and/or register new registered agent and/or the new registered of Name of New Registered Agent:			
New Projection of Office Addisses	(FI	lorida street address)	
New Registered Office Address:			
	(City)	, Florida	
	(City)	(Zip Code)	
w Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept	the obligations of the position.	
	Signature of New Regist	tered Agent, if changing	
		T> 7:1	
	Page 1 of 4	MASSEE WHASSEE	
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		STATE TO	
		DA TO	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of pach 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 D Y Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	Title	Name	Address
1) Change	DIE	DANIELLE DIVONA,	25 Midge St. Apt +1
Add			(11-10 COVE, NY 11542
Remove	1.	10	
2) Change	Dir	MARKETHA JINH	1310 Wad Duck LA
Add			TRUCTURED MILLY
Remove			24191-
3) Change			
Add			
Remove			
4) Change			
Add			
Rеточе			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)				
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		<u> </u>			

	e date of each amendment(s) adop e this document was signed.	ption;	, if other than the
Effe	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this block ument's effective date on the Depa	does not meet the applicable statutory filing requirements, this date will nutrement of State's records.	ot be listed as the
Adoption of Amendment(s)		(<u>CHECK ONE</u>)	
	The amendment(s) was/were adop was/were sufficient for approval.	nted by the members and the number of votes cast for the amendment(s)	
A	There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment(s) was/were	
	Dated		
	Signature		
	(By the chairma	an or vice chairman of the board, president or other officer-if directors	
		selected, by an incorporator – if in the hands of a receiver, trustee, or	
	other court ap	pointed fiduciary by that fiduciary)	
	<u> </u>	Miktsha Sinith	
		(Typed or printed hame of person signing)	
	(\mathcal{M})	look and a folial / Dansier	