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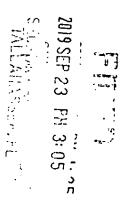
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TO: Amendment Section
Division of Corporations

DIVINE AND SACR NAME OF CORPORATION:	ED HEALING MINIST	RIES FOR	HEALTH INC.
N14000097764 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subn	nitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
REVEREND/FATHER DR. MICHAEL BADANEK			
	(Name of Contact Person	1)	
	(Firm/ Company)		
P.O. BOX 10			
	(Address)		
SILVER SPRINGS, FLORIDA 34489-0010			
	(City/ State and Zip Code	;)	
kingfrog10@cox.nct			
E-mail address: (to be used	for future annual report r	otification)
For further information concerning this matter, please of	rall:		
REVEREND/FATHER DR. MICHAEL BADANEK	352 at	2-622-1151	
(Name of Contact Person)		ca Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida Depa	rtment of S	State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee cate of Status ed Copy ional Copy is sed)
5.6 :112 A 8.3	£		

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

Articles of Amendment to Articles of Incorporation

DIVINE AND SACRED HEALING MINISTRIES FO	OR HEALTH INC.
(Name of Corporation as c	currently filed with the Florida Dept, of State)
N14000007764	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida 5 amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	The new orporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	
	7019 SE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	23
D. If amending the registered agent and/or registere new registered agent and/or the new registered of	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: I am familiar with and accept the obligations of the position.
	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)

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 V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V.P.	WENDY FAITH STEFFENSMEIER	4221 SE 46TH STREET
XAdd			OCALA, FLORIDA
Remove			34480
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional :	dding additional A sheets, if necessary)	(Be specific)	i <u>angeis) here</u> :)			
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	SEPTEMBER 19, 2019	
The date of each amo date this document wa	endment(s) adoption:s signed.	_, if other than the
Effective date <u>if appl</u>	SEPTEMBER 19, 2019	
<u></u>	(no more than 90 days after amendment file date)	
	rted in this block does not meet the applicable statutory filing requirements, this date will not blate on the Department of State's records.	e listed as the
Adoption of Amendr	nent(s) (<u>CHECK ONE</u>)	
The amendment(was/were sufficient	s) was/were adopted by the members and the number of votes cast for the amendment(s) and for approval.	
	nbers or members entitled to vote on the amendment(s). The amendment(s) was/were oard of directors.	
Dated	SEPTEMBER 19, 2019	1
Signatu		
	(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)	
	REVEREND/FATHER DR. MICHAEL JOHN BADANEK PRES./CEO	
	(Typed or printed name of person signing)	
	PRESIDENT/C.E.O.	
	(Title of person signing)	