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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: KINGDOL	1 LIVING CHUR	CH, INC.	
	er: N15000			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	FRANKIN S	antae sr.		
-	I MARCIN O	ANTOS SR · Name of Contact Persor	1	
-	KING WOM ZIV	ING CHURCH, IN Firm/ Company		
-	1793 ATWATER CT. Address			
-		FL 34746 City/ State and Zip Code	e	
	CAUEWOLF 130	sed for future annual report	notification)	
	E-man audress. (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
FRANKLIN	SANTOS SR.	at (_407) 922 - 7462 de & Daytime Telephone Number	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)		
<u>Mail</u>	ing Address	<u>Street</u>	Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

KINGDOM LI	VING CHU	ILCH, INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)			
NI50	000030	30	
(Doc	ument Number of C	orporation (if known)	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this Flo	orida Profit Corporation adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of the	corporation:		
NA			The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the company of the contact	orp," "Inc," or "Co	". A professional corporation name n	ne abbreviation nust contain the
B. Enter new principal office address, if applical	ble:	N/A	
(Principal office address <u>MUST BE A STREET Al</u>	DDRESS)	NIA	
		NA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 2463 MICHIGAN AUE K165IMMEE, FL 34744		JE	
D. If amending the registered agent and/or registered agent and/or the new registered.			
Name of New Registered Agent FR	ANKLIN SAN	MOS SR.	
	793 ATWATE (Florida street	A CT.	
New Registered Office Address: K1551MMEE		, 1 toriua	34746
	. (C	ity)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		h and accept the obligations of the positi	ion.
O Total	E St		
Sig	gnature of New Reg	istered 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	<u>PT</u> <u>John</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	ED, P	JOSE M VECEZ	12138 SANDAL CAEEK WAY
Add	·		ORLANDO, FL 32824
X Remove			
2) Change	D, T	SAMUEL CANCEL SE.	2427 ACADEMY CIR EAST
Add			41551MMEE, FL 34744
Kemove			
3) Change	<u>D</u>	DORCAS E VELEZ	1738 SANDAL CLEEK WAY
Add			OFLANDO, FC 32824
Remove			
4) X Change	ED, P	FRANKLIN SANTOS SR.	1793 ATWATER CT
Add			KISSIMMEE, FL 34746
Remove			<u> </u>
5) X Change	D,S	ZAIRY SAEZ	1793 A TWATEL CT
Add	·		KISSIMMEE, FL 34746
Remove			
6) Change	D, T	IVETIELIZ TORRES	S13 NEPTUNE BAY CIK
X Add			unit#5
Remove			ST CLOUD, FL 34769

attach additional sheets, if necessary).	(Be specific)
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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date	2)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirement partment of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adby the shareholders was/were so	opted by the shareholders. The number of votes cast for the am afficient for approval.	endment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendme	ng statement nt(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and	shareholder
action was not required.	opted by the incorporators without shareholder action and share	cholder
Dated 🕟 🗸	10/10/16 LARSO	
Signature 🛇	fall Soll	
(By a c selecte	lirector, president or other officer – if directors or officers have d, by an incorporator – if in the hands of a receiver, trustee, or ted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	EXECUTIVE DIRECTOR, PRESIDENT (Title of person signing)	
	(Title of person signing)	