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## COVER LETTER

Division of Corporations NAME OF CORPORATION: Mpack Awakening Ministries, Inc. DOCUMENT NUMBER: NISODO 007144 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Janufer Le Claire
(Name of Contact Person) Mact Awakening Ministries, Inc 434 NW 1St Ave. # 604 Fort Lauderdale, FZ 33301 (City/State and Zip Code) TNECLAIRE & GMAIL. COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: **□**-\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

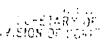
**Mailing Address** 

TO: Amendment Section

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 , of



Impact Awakening M (Name of Corporation as curr	inistries, Inc.	2010 AUG 23 PH 14 37		
		ept. of State)		
N15002	0007144 mber of Corporation (if known)			
(Document Nu	mber of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not For Prof</i>	It Corporation adopts the following		
A. If amending name, enter the new name of the corpor				
	Historial Mil	nistry Inc. The man		
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" of "incorporated" or to	he abbrevlation "Corp." or "Inc."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u></u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
	<del></del>			
D. If amending the registered agent and/or registered o new registered agent and/or the new registered offic		the name of the		
	C HOUSE CONTRACTOR			
Name of New Registered Agent:				
	(Cl.=: In .	(Florida street address)		
New Registered Office Address:	(r wraa si	reet waaress)		
		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Register	ed Agent:			
I hereby accept the appointment as registered agent. I am	familiar with and accept the ob	digations of the position.		
		<i></i>		
	Signal red of they begishered	gent, if changing		
	$\mathcal{V}$			

Page 1 of 4

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 I.           V         Mike J.           SV         Sally S.	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>D</u>	Ryan LeStrange	19330 Dennison Dr. Aleingdon, VA 24211
Remove	0	I am Have Throngs	2600 E. Sathlake Rlu
2) Change Add	<u>ン</u>	Jonathan Ferguson	2600 E Southlake Blu Suite 120-385 Southlake, TX 76092
Remove 3) Change		***	
Add Remove			
4) Change			
Add Remove			
5) Change	<del></del>		
Add Remove			
6) Change			
Add Remove			

E. If amending or adding additional Articles, enter cha	nge(s) here:	
(attach additional sheets, if necessary). (Be specific)		
	. •	
. V/A	•	
	<u>.                                    </u>	
- J		
	······································	
<del> </del>	,	

The date of each amendment(s) adoption:	, if other than the
late this document was signed.  If applicable: July 16, 2018	
(no moje than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no locument's effective date on the Department of State's records.	t be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Signature  (By the chairman of 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 four appointed fiduciary by that fiduciary)  Tenn LeCLaire  (Typed or printed name of person signing)	
(Title of person signing)	