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I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	STRIES, INC.		
N16000003663  DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
EDWARNIQUE P. LAPOINTE-COOPER, D.DIV.			
(	Name of Contact Pe	rson)	
	(Firm/ Company	)	
501 Florida Central Pkwy#521453			
	(Address)		
Longwood, Florida 32752			
	City/ State and Zip C	Code)	
edwarnique@aol.com			
E-mail address: (to be used	for future annual rep	ort notification	)
For further information concerning this matter, please of	eall:		
EDWRNIQUE P. LAPOINTE-COOPER, D.DIV.	at	386	675-3420
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida D	Department of S	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address  Amendment Section		eet Address lendment Section	a <b>n</b>
Division of Corporations		ienament Sectionsission of Corpo	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation of

1	Article	es of Amendment	
	A rtialo	to s of Incorporation	FIL
	Aiticles	of	201 /LE/
ALL HEARTS MINISTRIES, INC.			2016 MAY 27 PM 1: 26
(Name of Corporation	as curren	tly filed with the Florida	Dept. of State)
N16000003663			A Maria
(Docur	nent Numb	er of Corporation (if know	n) Ir
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida Not For Pi</i>	rofit Corporation adopts the following
A. If amending name, enter the new name of the	e corporati	ion:	
N/A			The new
name must be distinguishable and contain the word		tion" or "incorporated" o	- 1112 112 11
"Company" or "Co." may not be used in the nam	_	478 E. ALTAMONTE D	PRIVE, #108-704
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		ALTAMONTE SPRING	
			5,120,000
C. Enter new mailing address, if applicable:	P.O.V.	N/A	
(Mailing address <u>MAY BE A POST OFFICE</u>	BOX)	<del></del>	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or regi	stered offic	ce address in Florida, ent	er the name of the
new registered agent and/or the new register			er the name of the
Name of New Registered Agent:	N/A		
	478 E. AI	LTAMONTE DRIVE, #10	8-704
		(Florid	a street address)
New Registered Office Address:			
	ALTAMO	ONTE SPRINGS	, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I	Registered	Agent:	
I hereby accept the appointment as registered agen	it. I am fai	miliar with and accept the	obligations of the position.
-			
	S	ignature of New Registere	d 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 A Add	V Mi	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
X Change	CEO	Dr. Edwarnique P. Lapointe-Cooper	478 E. Altamonte Drive, #108-704
Add			Altamonte Springs, Florida 32701
Remove			
2) X Change	CFO	Barbara A. McMillon	478 E. Altamonte Drive, #108-704
Add			Altamonte Springs, Florida 32701
Remove			
3) X Change	VP	Ciara R. Harmon	478 E. Altamonte Drive, #108-704
Add			Altamonte Springs, Florida 32701
Remove			<del></del>
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change	<u></u>	N/A	· · · · · · · · · · · · · · · · · · ·
Add			
Remove			

L. If amending or adding additional Articles, enter change(s) here:  (attach additional sheets, if necessary). (Be specific)				
N/A				

	N/A e date of each amendment(s) adoption: e this document was signed.	_, if other than the
	N/A Tective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be tument's effective date on the Department of State's records.	e listed as the
Ad	option of Amendment(s) (CHECK ONE)	
	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.	
	May 17, 2016  Dated	
	Signature Elwannico P. Lagoiste - Caper	_
	(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)	
	Edwarnique P. Lapointe-Cooper, D.Div.	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	