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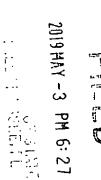
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C. GOLDEN MAY 1 4 2019

COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: LA Kesha Holmes Global Ministries INC
DOCUMENT NUMBER: N1600008070
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LA'Kesha Holmes (Name of Contact Person)
LA'Kesha Holmes Global Ministries INC. (Firm/Company)
1722 E 23rd St (Address)
TECCONINE FL. 32206 (City/ State and Zip Code)
Lallesha holmes globa ministries pamail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LA' Kesha Holmes at (904) 405.8665 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\sum \\$43.75 Filing Fee \& \sum \\$43.75 Filing Fee \& \sum \\$52.50 Filing Fee \& \sum \\$52.50 Filing Fee \& \sum \\$Certificate of Status \\ (Additional copy is enclosed) \\ (Additional Copy is Enclosed)
Mailing Address Amendment Section Amendment Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

FILED

2019 MAY -3 PM 6: 27 (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. 646 Porter Lakes DR B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered 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 Doe Y Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u> /	<u>Addres</u> s
1) Change	N/A	
Add	1	
Remove		
2) Change	N/A	
Add	/	
Remove	k / / //	
3) Change	$\frac{N/M}{M}$	
Add	/	·
Remove	A / / A	<u> </u>
4) Change	- N/A	
Add	-	
Remove	A / / A	
5) Change	$\frac{N/H}{}$	
Add		-
Remove	- / / -	
6) Change	\mathcal{N}/\mathcal{H}	
Add	_	
Remove		

If amending or addin attach additional shee	ts, if necessary).	(Be specific)				
J/A	·					
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The date of each amendment(s) add ate this document was signed.	ption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc ocument's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date will n artment of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were is.	
Dated 4/	29 /19	
Signature	<u> </u>	
have not been	nan or vice chairman of the board, president or other officer-if directors in scleeted, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	LA KeshA Holmes (Typed or printed name of person signing)	
	President (Title of person signing)	