

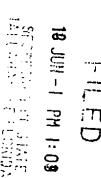
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3.

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

His Mission of Lov NAME OF CORPORATION:		_	
N18000002251			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sul	bmitted for filing.		
Please return all correspondence concerning this mat	tter to the following:		
Darrin T. Mish, Esq.			
	(Name of Contact Per	son)	
The Law Offices of Darrin T. Mish, P.A.			
	(Firm/ Company)		
15421 N. Florida Ave.			
	(Address)		
Tampa, FL 33613			
	(City/ State and Zip C	ode)	
dmishesq@getirshelp.com			
E-mail address: (to be use	ed for future annual repo	ort notification	n)
For further information concerning this matter, pleas	se call:		
Darrin T Mish		813	
(Name of Contact Perso	on)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida D	epartment of	State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	© □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ame Div	eet Address endment Sect ision of Corpo ton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

18 JUN - 1 PM 1: 08

His Mission of Love, Inc.		SECTE IARY, HEGIATE
(Name of Corporation as curi	rently filed with the	Florida Dept. of State) CONUA
N18000002251		
(Document Nu	mber of Corporation	(if known)
Pursuant to the provisions of section 617,1006, Florida Statemendment(s) to its Articles of Incorporation:	tutes, this <i>Florida N</i>	ot For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:	
name must be distinguishable and contain the word "corpo	vration" or "incorne	The new
"Company" or "Co." may not be used in the name.	auton on menga	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		,
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office		rida, enter the name of the
	e address:	
Name of New Registered Agent:		
New Registered Office Address:		(Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I an		ecept the obligations of the position.
	Signature of New 1	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 Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Patrick Carl Martin	14391 Spring Hill Dr, Stc. 440
X Add	***************************************		Spring Hill, FL 34609
Remove			
2) Change	1)	Doreen Martin	14391 Spring Hill Dr. Ste. 440
X Add			Spring Hill, FL 34609
Remove	D	Hannah C Martin	14391 Spring Hill Dr. Stc. 440
3) Change X		- Tallian C. Planti	Spring Hill, FL 34609
Add Remove			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			-
Remove			

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)		
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The	e date of each amendment(s) adoption:	, if other than the
	e this document was signed.	
Eff	ective date if applicable:	
	(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 tument's effective date on the Department of State's records.	be listed as the
Ad	option 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.	
	Dated 5-31-18	
	Signature (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)	
	Patrick Carl Martin	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	