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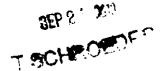
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	THE GLOBAL REA	ACH MIRACLE FO	UNDATION II	NC.
	N18000012842			
DOCUMENT NUMBER:				
The enclosed Articles of An	nendment and fee are sub-	mitted for filing.		
Please return all correspond	ence concerning this matte	er to the following:		
CINDY KNIGHT				
		(Name of Contact I	Person)	
GLOBAL REACH				
	· · · · · · · · · · · · · · · · · · ·	(Firm/ Compar	ny)	
10560 NW 27 STREET #10) i			
		(Address)		
DORAL FL 33172				
		(City/ State and Zip	Code)	
CKNIGHT@GLOBALREA	ACHRX.COM			
19	-mail address: (to be used	for future annual re	port notificatio	n)
For further information conc	erning this matter, please	call:		
CINDY KNIGHT		a	786	703-1988 EXT 11
	(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee Teate of Status Ted Copy tional Copy is osed)
Mailing A	ddress	<u>St</u>	treet Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FI. 32301

Articles of Amendment to Articles of Incorporation of

THE GLOBAL REACH MIRACLE FOUNDATION INC

(Name of Corporation as cur	rrently filed with the Florida Dept. of State)	
N18000012842		
(Document N	lumber of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation;	atutes, this Florida Not For Profit Corporation adop	its the following
A. If amending name, enter the new name of the corpo	oration:	
GLOBAL REACH MIRACLE FOUNDATION INC		The new
ame must be distinguishable and contain the word "corp Company" or "Co." may not be used in the name.	poration" or "incorporated" or the abbreviation "Co	
3. Enter new principal office address, if applicable:		- <u></u> -
Principal office address <u>MUST BE A STREET ADDRE</u>	ESS)	
		·
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		75.7 TO
		#1 ~
		
). If amending the registered agent and/or registered		58 28
new registered agent and/or the new registered offi	ice address:	
Name of New Registered Agent:		
		
New Registered Office Address:	(Florida street address)	
	, Florida, City) (Zip Cod	<u></u>
	(Cut) Tap Cou	τ,
ew Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I are		· · · · ·
авгену ассері іне аррынинені ах registerea agent. Тап	m jamular with and accept the obligations of the post	uon,
	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		<u>Doe</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove			
2) Change Add			
Remove 3) Change Add			19 SEP 2 IIII
Remove 4) Change Add			5 8 5 8 5 8 5 8 5 8 6 6 6 6 6 6 6 6 6 6
Remove			
Add Remove 6) Change			
Add			

If amending or adding additional Article (attach additional sheets, if necessary).	Be specific)				
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The	date of each amendment(s) adoption:	, if other	than the
	e this document was signed.		
Effe	ective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)		
Not doc	ec: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.	: listed a:	s the
Ado	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 9/10/19		
	Signature	_	
	(By the chairman or vice chairman of the board, president or other officer-if directors		
	have nor been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)		
	ARLIN PEREZ	43S (Th
	(Typed or printed name of person signing)	. 7	\$
	PRESIDENT TO SEE	8:	Ü
	(Title of person signing)	58	