## N20000008330

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## COVER LETTER

TO: Amendment Section Conversions	,	•	
NAME OF CORPORATION:		<u>.</u> -	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
TRINITY JORDAN			
	(Name of Contact Pe	rson)	
Launch Consulting			
	(Firm/ Company	)	
1708 COMPTON ROAD			
	(Address)		
FARMINGTON, UT 84025			
-	(City/ State and Zip C	Code)	
launch@launchmynonprofit.com			
E-mail address: (to be used	for future annual rep	ort notificatio	n)
For further information concerning this matter, please	call:		
Trinity Jordan	at	801	643-1656
(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida I	Department of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certil Certil (Add:	0 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Am Div Th	eet Address nendment Sectorision of Corp to Centre of T 15 N. Monro	orations

Tallahassee, FL 32303



## Articles of Amendment to Articles of Incorporation of

Kingdom Financial Advisors Inc.		,
(Name of Corporation as currently filed with the F	lorida Dept. of State)	
N20000008330		
(Documer	nt Number of Corporation (if ki	nown)
Pursuant to the provisions of section 617,1006, Florid amendment(s) to its Articles of Incorporation:	la Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the c	orporation:	
N/A		The new
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	corporation" or "incorporatea	"Or the abbreviation "Corp." or "Inc."
D. Enter now principal office address if applicable	N/A	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u>N/A</u>	
D. If amending the registered agent and/or registe	red office address in Florida,	enter the name of the
new registered agent and/or the new registered		
Name of New Registered Agent:	Carlos Quinones	
3	5250 SW 177 Court, #127	
— <u>New Registered Office Address</u> :	(Flo	orida street address)
	lorida City	, Florida 33034
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		the obligations of the position.
	Signature of Yow Registr	and 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 Y Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change Add	<u>P</u>	Carlos Quinones	35250 SW 177 Court, #127 Florida City, FL 33034
Remove			
2) Change Add			
Remove  3 ) Remove  Add Remove	<del></del>		
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Artists, if necessary).	icles, enter change(s) here: (Be specific)	
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The date of each amendment(s) ad	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
oncerne date n applicable.	(no more than 90 days after amendment file date)	
	ck does not meet the applicable statutory filing requirements, this date will not b	e listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad was/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(s) al.	

W

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 8/15/20				
Signature  (By the chairman or vice traitman 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)				
Carlos Quinones				
(Typed or printed name of person signing)				
President				

(Title of person signing)