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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATI		TRAVELERS MINI	STRIES INC.	
	N21000002117			
DOCUMENT NUMBER:		· · · · · · · · · · · · · · · · · · ·	·	
The enclosed Articles of Ar	nendment and fee are sub	nitted for filing.		
Please return all correspond	ence concerning this matte	er to the following:		
FOLICIA E SMITH				
		(Name of Contact Po	erson)	
GLOBAL IMPACT TRAV	ELERS MINISTRIES IN	C.		
		(Firm/ Company	.)	
1223 W Cypress St				
		(Address)		
Orlando, FL 32805				
		(City/ State and Zip (	Code)	
eureka@eureka-taxes.com				
	-mail address: (to be used	for future annual rep	ort notification	1)
For further information con-	cerning this matter, please	call:		
JERRION S GORDON		at	321	439-6062
	(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	ayable to the Florida I	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi S Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

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

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

GLOBAL IMPACT TRAVELERS MINISTRIES INC.		PR
(Name of Corporation as currently filed with the Florida Dept. of State)		PR 28
N21000002117		
(Document Num	ber of Corporation (if known	wn)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:  A. If amending name, enter the new name of the corpora		Profit Corporation adopts the following
name must be distinguishable and contain the word "corpore" "Company" or "Co." may not be used in the name.		The new or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	1223 W Cypress St	
(Principal office address MUST BE A STREET ADDRESS	Orlando, FL 32805	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32805	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		nter the name of the
FOI ICL	A E SMITH	
Name of New Registered Agent:	Cypress St	
New Registered Office Address:	(Florid	du street address)
Orlando		, Florida 32805
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for Signature is a second agent.		ict

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 <math>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 Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change Add	VP	FOLICIA E SMITH	1223 W Cypress St Orlando, FL 32805
Remove			<del></del>
2) × Change Add	<u>p</u>	JERRION S GORDON	566 W County Road 462 Wildwood, FL 34785
Remove 3) Change Add Remove	<u>S</u>	SHERRIA L GORDON	1223 W Cypress St Orlando, FL 32805
4) Change Add			
Remove  5)ChangeAddRemove			
6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

N/	/A		
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The date	ne date of each amendment(s) adoption: 03/07/0 te this document was signed.	)22	if other than the
Eff	Tective date <u>if applicable</u> :	than 90 days after amendment file date)	
<u>No</u> doc		t the applicable statutory filing requirements, this date will not be	listed as the
	doption of Amendment(s) ( <u>CHEC</u>		
	The amendment(s) was/were adopted by the me was/were sufficient for approval.	embers and the number of votes east for the amendment(s)	

Dated Signature_	03/07/2022
(1	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)  JERRION S GORDON
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.

2097 APR 28 AM 10: 13