N2100000 4239

| (Re | equestor's Name) | · | | | |
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| (Ac | (Address) | | | | |
| | <u> </u> | | | | |
| (Ac | ddress) | | | | |
| (Ci | ty/State/Zip/Phone | <u>- #1</u> | | | |
| (O) | ry/Oute/Zip/r none | - ···) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| | | | | | |
| (Bı | usiness Entity Nar | ne) | | | |
| | | | | | |
| (De | ocument Number) | | | | |
| | | | | | |
| Certified Copies | Certificates | s of Status | | | |
| <u>.</u> | | | | | |
| Special Instructions to | Filing Officer: | | | | |
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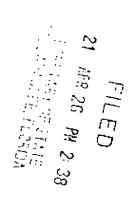
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94/27/21--61864--018 **48.75





COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: HARVEST REAPERS | S INTERNATIONAL RESTORATION MINISTRIES INC | |
|--|--|--------|
| DOCUMENT NUMBER: | N21000004239 | |
| The enclosed Articles of Amendment and fee are subm | | |
| Please return all correspondence concerning this matter | r to the following: | |
| | EARLE FULFORD | |
| (| (Name of Contact Person) | |
| | (Firm/ Company) | |
| | (Time Company) | |
| | (Address) | |
| | (City/ State and Zip Code) | |
| · · | ORIASI545@GMAIL.COM / EARLE FULFORD & GMA | 1.6 |
| | for future annual report notification) | ic.com |
| For further information concerning this matter, please of | call: | |
| GLORIA WILLIAMS | 786 5257669 | |
| (Name of Contact Person) | | |
| Enclosed is a check for the following amount made pay | yable to the Florida Department of State: | |
| S35 Filing Fee S43.75 Filing Fee & Certificate of Status | = | |
| 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

HARVEST REAPERS INTERNATIONAL RESTORATION MINITRIES INC

| (Name of Corporation as currently filed with the F | Florida De | ept. of State) | | |
|---|-----------------|---------------------------------------|---------------------|--------------------------------|
| N21 | 100000423 | 39 | | |
| (Documen | nt Number | r of Corporati | on (if known) | |
| Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation: | da Statutes | , this <i>Florida</i> | Not For Profit Co | rporation adopts the following |
| A. If amending name, enter the new name of the c | corporatio | on: | | |
| HARVEST RESTORATION GLOBA | AL MINIS | STRIES & TH | EOLOGICAL SEN | MINARY Tot The new |
| name must be distinguishable and contain the word "" "Company" or "Co." may not be used in the name. | 'corporatio | on" or "incor | porated" or the ab | breviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable | le: | NA | | |
| (Principal office address MUST BE A STREET AD | | | | |
| | - | | | |
| | - | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | OX) | NA | | |
| <u>-</u> | | | | |
| | _ | | | |
| | | | | |
| D. If amending the registered agent and/or registe | | | lorida, enter the 1 | name of the |
| new registered agent and/or the new registered | i omce au NA | aress: | | |
| Name of New Registered Agent: | | · · · · · · · · · · · · · · · · · · · | | |
| - | | | 433 | |
| New Registered Office Address: | | | (Florida street ad | dress) |
| N | √A | | | Florida NA. NA. |
| _ | | (City) | | (Zip Code) |
| New Registered Agent's Signature, if changing Reg | gistered A | Agent: | | - R T |
| I hereby accept the appointment as registered agent. | | | accept the obligati | ons of the position. |
| | | | | FLORE S |
| | Sigi | nature of New | Registered Agent, | if changing (T) |

| If amending the Officers and/or Directors, e | nter the title and 1 | name of each | officer/director | being removed | d and titl | le, 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>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | | |
|---|------------------------------|---------------------------------------|---------|--|
| Type of Action (Check One) | Title | <u>Name</u> | Address | |
| l) Change Add | | NA NA | | |
| Remove | | | | |
| 2) Change Add | | NA | | |
| Remove 3) Remove Add Remove | | | | |
| 4) Change Add | | NA NA | | |
| Remove | | | | |
| 5) Change Add | | NA | | |
| Remove | | | | |
| 6) Change Add | | NA | | |
| Remove | | | | |
| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | | | | |
| THE PURPOSE FOR WHICH THIS CORPORATION IS ORGANIZED TO TRANSFORM THE LIVES | | | | |
| THE PURPOSE OF THE CORPORATION ARE EXCLUSIVELY CHARITABLE, EDUCATIONAL AND RELIGIOUS | | | | |
| WITH IN THE MEANING OF SECTON 501C3 OF THE INTERNAL REVENUE CODE 1986 AMENDED | | | | |

OR IN THE CORRESPONDING PROVISION OF ANY TAX LAW OF SECTION ANY FUTURE FEDERAL TAX

| NECESSARY OR CONVENIENT TO THE PURPOSES, AS SET FORTH IN TH | E ARTICICI E OF INCORRORATION |
|---|---------------------------------------|
| THE CESSART OR CONVENIENT TO THE FOR USES, AS SET FORTH IN TH | |
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| The date of each amendment(s) adoption: | if other than the |
| late this document was signed. | t out man (|
| Effective date if applicable: | |

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

| There are no men adopted by the be | obers or members entitled to vote on the amendment(s). The amendment(s) was/were oard of directors. |
|---------------------------------------|--|
| Dated | 04/20/201 |
| Signatur | |
| | (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) |
| | EARLE FULFORD |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |