N21000007121

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(Re	questor's Name)	
(Âd	dress)	
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(Cit	y/State/Zip/Phone	#)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:		LUNITY COM	MUNITY.	, INC.	
		N21000007121			
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and	fee are submitted for	filing.			
Please return all correspondence concerni	ng this matter to the fo	llowing:			
	JEAN VL	ADIMIR ESTR	IPLET		
	(Name of	Contact Person)	I		
	KINGDOM UI	NITY COMMU	NITY, IN	c.	
	(Firm	/ Company)			
	5280 STAC	CY STREET, SU	ите в		
		Address)			
	WEST PA	LM BEACH, FI	33417		
	(City/ Sta	te and Zip Code)		
	ejean	vladim@gmail.c	om		
E-mail address	: (to be used for future	annual report n	otification)	
For further information concerning this m	atter, please call:				
Jean Vladim	ir Estriplet	561		762-2893	
(Name of Co	ntact Person)	atat(Are	a Code)	(Daytime Telephone Nu	ımber)
Enclosed is a check for the following amo	ount made payable to the	ne Florida Depar	tment of !	State:	
■ \$35 Filing Fee □\$43.75 Fi Certificat	e of Status Certifie	d Copy onal copy is	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address		Street A	ddress		

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

KINGDOM UNITY COMMUNITY, INC.

(Name of Corporation as currently filed with the Florida N21000007121	inchi. or state)	
	iber of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	ates, this Florida Not For Profit Corpo	pration adopts the following
A. If amending name, enter the new name of the corpora	ation:	
		The new
name must he distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	vation" or "incorporated" or the abbre	viation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES.)	<u> </u>	
	<u> </u>	- 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O.Box 223233	124
	West Palm Beach, FL 33417-9998	77 A
		9: 3
D. If amending the registered agent and/or registered of	fice address in Florida, enter the nan	ne of the
new registered agent and/or the new registered office		ac or the
Name of New Registered Agent:		
	tFlorida street addre	NV)
<u>New Registered Office Address:</u>		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere Thereby accept the appointment as registered agent. I am f		e of the position
жегену иссерстве арранитет из гезумеген идет. Тит ј	аналаг жин ини ассері іне оолідинон:	s of are postation.
	Signature of New Registered Agent, if c	hanging

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 Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>T</u>	JEAN RONALD ETRENNE	5280 STACY STREET, SUITE B WEST PALM BEACH, FL 33417
XRemove	c	ESTRIPLET, JAMES	5280 STACY STREET, SUITE B
2) Change Add	<u>S</u>	ESTRI ELI, JAMES	WEST PALM BEACH, FL 33417
Remove 3) Change Add Remove	<u>o</u>	BLANC, MYRLANDA	5280 STACY STREET, SUITE B WEST PALM BEACH, FL 33417
4) Change Add	<u>U</u>	MADEUS, WILFRID	5280 STACY STREET, SUITE B WEST PALM BEACH, FL 33417
*_ Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
F. If amending or additional shee		icles, enter change(s) here: (Be specific)	
	<u> </u>		

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			·	
		0//21/2021		
The date of each amendment(s) adoptio	n:	06/21/2021	, if other tha	in the
date this document was signed.		05/20/2021		
Effective date if applicable:	(no more than 90 days after ar	05/20/2021		
	tno more than 90 days after at	ncnament file date)		
<u>Note:</u> If the date inserted in this block document's effective date on the Department	s not meet the applicable statu int of State's records.	tory filing requirements, thi	s date will not be listed as th	i¢
Adoption of Amendment(s)	(CHECK ONE)			

■ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

	06/21/2021
Dated	.0/7 1
Signature	
have	he chairman or vice chairman of the board, president or other officer-if directors a not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Jean Vladimir Estriplet
_	(Typed or printed name of person signing)