N22 000008742

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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	Kingdom Men Brot	herhood, Inc.			
DACHMENT VHAIDED.	N22000008742.				
DOCUMENT NUMBER:					····
The enclosed Articles of Ar	mendment and fee are sub	omitted for filing.			
Please return all correspond	dence concerning this mat	ter to the following:			
James Hill					
		(Name of Contact P	Person)		
Incorporator					
		(Firm/ Compan	ıy)		
350 NW 4th Street, #505					
		(Address)			
Miami, Florida 33128					
	· · · · · · · · · · · · · · · · · · ·	(City/ State and Zip	Code)		
JHILL466@GMAIL.COM					
I	E-mail address: (to be use	d for future annual re	port notifica	tion)	
For further information con-	cerning this matter, please	e call:			
James Hill		at	305	332-6253	
	(Name of Contact Person			e) (Daytime Telephone	: Number)
Enclosed is a check for the	following amount made p	ayable 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)	is Cer (Ac	2.50 Filing Fee rtificate of Status rtified Copy Iditional Copy is closed)	
Mailing A	Address		reet Addres		

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 Men Brotherhood, Inc.		
(Name of Corporation as currently filed with the Florida	Dept. of State)	
N22000008742.		
(Document Numb	er of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
N/A		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. If amonding the quietand agent and/or registered off	an addware in Florida	anter the name of the
D. If amending the registered agent and/or registered offine rew registered agent and/or the new registered office agent.		, enter the name of the
Name of New Registered Agent:		
The state of the s		***
	(Florida street address)	
New Registered Office Address:		
N/A		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent. I am fa	miliar with and accept	t the obligations of the position.
	ignature of New Regist	tered 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 V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	Director	James Hill	5716 NW 24th Avenue Miami, Florida 33142
x Remove			
2) Change Add	Director	Jerald Cooper, Sr.	5716 NW 24th Avenue Miami, Florida 33142
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
N/A			
			-

		*** *
		
		
		
	00/05/2022	
The date of each amendment(s) addate this document was signed.	deption: 08/05/2022	, if other than th
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not partment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.	

. . .

Signature

(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)

(Typed or printed name of person signing)

Director

(Title of person signing)