

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BY FAITH RESOURCES INC _____

DOCUMENT NUMBER: N02000006891 _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LECLER DESIR

(Name of Contact Person)

(Firm/ Company)

6331 SW 1ST STREET

(Address)

MARGATE, FL, 33068

(City/ State and Zip Code)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LECLER DESIR at 954 604-8981

(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee &
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|---|---|

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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

16 APR -8 PM 12: 10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

BY FAITH RESOURCES INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N0200006891

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

N/A

*(Principal office address **MUST BE A STREET ADDRESS**)*

C. Enter new mailing address, if applicable:

*(Mailing address **MAY BE A POST OFFICE BOX**)*

6331 SW 1ST STREET

MARGATE, FL

33068

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: LECLER DESIR

6331 SW 1ST STREET

(Florida street address)

New Registered Office Address:

MARGATE


(City)

Florida 33068

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

x 
Signature of New Registered 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>LECLER DESIR</u>	<u>6331 SW 1ST STREET</u> <u>MARGATE, FL</u> <u>33068</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>LAURENCIA DERISTIL</u>	<u>6331 SW 1ST STREET</u> <u>MARGATE, FL</u> <u>33068</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>MARLENE DELVA-DECIUS</u>	<u>11476 NW 44TH STREET</u> <u>CORAL SPRINGS, FL</u> <u>33065</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>EMMANUEL PIERRE</u>	<u>5301 EAGLE CAY COURT</u> <u>COCONUT CREEK, FL</u> <u>33073</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>MICANE PIERRE</u>	<u>5301 EAGLE CAY COURT</u> <u>COCONUT CREEK, FL</u> <u>33073</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

(PLEASE ADD THIS SECTION TO ARTICLE III, BELOW CURRENT PARAGRAPH)

SAID ORGANIZATION IS EXCLUSIVELY SET FOR CHARITABLE RELIGIOUS PURPOSES,
INCLUDING FOR SUCH PURPOSE, THE MAKING OF DISTRIBUTIONS, TO ORGANIZATIONS THAT QUALIFY
AS EXEMPT ORGANIZATIONS UNDER SECTION 501 (C) (3) OF THE IRS CODE, OR CORRESPONDING
SECTION OF ANY FUTURE FEDERAL CODE.

UPON DISSOLUTION OF THE ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE
EXEMPT PURPOSE WITHIN THE MEANING OF SECTION 501 (C) (3) OF THE IRS CODE, OR CORRESPONDING
SECTION OF ANY FUTURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE LOCAL GOV'T FOR
PUBLIC PURPOSE. ANY SUCH ASSETS NOT DISPOSED OF SHALL BE DISPOSED OF BY THE COURT OF THE
COMMON PLEAS OF THE COUNTY IN WHICH THE PRINCIPAL OFFICE OF THE ORGANIZATION IS THEN
LOCATED, EXCLUSIVELY FOR THE PURPOSES OR TO SUCH ORGANIZATIONS, AS SAID COURT SHALL
DETERMINE, WHICH ARE ORGANIZED AND OPERATED EXCLUSIVELY FOR SUCH PURPOSE.

04/05/2016

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

04/05/2016

Effective date if applicable: _____
(no more than 90 days after amendment file date)


Note: 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)

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

04/05/2016

Dated _____

Signature X  _____

(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)

LECLER DESIR

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)