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. (Re	questor's Name)	
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FaithWall	k Ministries,	inc.
DOCUMENT NUMBER: N11000011		
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
ERIKA L. BROWN		
	(Name of Contact Person	n)
	(Firm/ Company)	
P.O. BOX 7032		
	(Address)	
TALLAHASSEE, FL 323	14	
	(City/ State and Zip Code	е)
FAITHWALKMINIS	_	
E-mail address: (to be used For further information concerning this matter, please	•	notification)
ERIKA L. BROWN		702-4660  ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

## Articles of Amendment to Articles of Incorporation



	or	<b>/</b>	
FAITHWALK MINISTRIES, INC			
(Name of Corporation as currently filed with the	Florida Dept. of State)		<del></del>
N11000011237			
(Document Number of Cor	poration (if known)		<del></del>
ursuant to the provisions of section 617.1006, Florida Stanendment(s) to its Articles of Incorporation:	tutes, this Florida Not For a	Profit Corporation ado	pts the following
If amending name, enter the new name of the corpo	ration: N/A		The new
me must be distinguishable and contain the word "corpo Company" or "Co." may not be used in the name.	oration" or "incorporated"	or the abbreviation "C	orp "or "Inc."
Enter new principal office address, if applicable:	800-1 W. BRE	VARD STRE	ET: AS ;
rincipal office address <u>MUST BE A STREET ADDRE</u> S	SS) TALLAHASSE	EE. FL 32304	300
			<u>₹</u>
Enter new mailing address, if applicable:	NA		157
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		<u> </u>	$\frac{\sqrt{2}\sqrt{2}}{\sqrt{2}}$
		4	
			<del></del>
If amending the registered agent and/or registered of		nter the name of the	
new registered agent and/or the new registered offic	ce address:		
Name of New Registered Agent:	N/II		
ew Registered Office Address:	(Florida street address)		
		. Florida	
(Ci		, 1 lolida (Zip Code)	

Page 1 of 4

Signature of New Registered Agent, if changing

If amending the Officer's 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	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change  X Add  Remove	DST	_	ERIKA L. BROWN	366 MASTIC LANE TALLAHASSEE, FL32310
2) Change Add Remove		_		
3 ) Change Add Remove	<del></del>			
4) Change Add Remove	<del></del>	<u></u>		
5) Change Add Remove		<del>-</del>		
6) Change Add Remove				

Е.	If amending	or a	dding	additional	Articles,	enter	change(s)	here:

(attach additional sheets, if necessary). (Be specific)

	<b>FICLE</b>	::: <b>-</b>	M IDE	POSE
$\Delta R$		111 -	'I IK F	/ J\
$\sim$		111 1	$\mathbf{v}$	~~~

THE PURPOSE OF THIS CORPORATION IS TO TEACH AND PREACH THE GOSPEL OF JESUS
CHRIST AND TO PROVIDE OPPORTUNITIES FOR MEN AND WOMEN TO IMPROVE THEIR
LIFE SKILLS BY IMPROVING THEIR SELF-WORTH THROUGH FAITH. IN AN EFFORT TO
ENCOURAGE POSITIVE COMMUNITY INPUT, FAITHWALK MINISTRIES, INC WILL DEVELOP
EMPLOYMENT OPPORTUNITIES THROUGH FUNDRAISERS FOR THOSE WHO ARE
DEEMED UNEMPLOYABLE DUE TO INCARCERATION OR LACK OF LIFE SKILLS.
SPIRITUAL GUIDANCE WILL ALSO BE OFFERED TO THOSE SEEKING THE MEANS TO
BETTER THEMSELVES INWARDLY WHILE BEING PRODUCTIVE OUTWARDLY THROUGH
THE STUDY OF THE HOLY BIBLE, KING JAMES VERSION. THIS IS OUR PURPOSE.

The	e date of each amendment(s) adoption: APRIL 24, 2012
	ective date if applicable: MAY 1, 2012
	(no more than 90 days after amendment file date)
Ade	option 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.
	Signature Dula Land Control Dated
	(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)
	ERIKA L. BROWN
	(Typed or printed name of person signing)
	DIRECTOR, TREASURER
	(Title of person signing)