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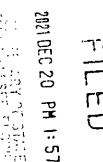
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A. RAMSEY

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	stry Alliance, Inc	
N14000005402 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are st	abmitted for filing.	
Please return all correspondence concerning this ma	•	
Alfred Johnson		
	(Name of Contact Person	n)
Faith Action Ministry Alliance, Inc		
	(Firm/ Company)	• •
5107 E. 32nd Avenue		
	(Address)	
Tampa, Fl 33619		
	(City/ State and Zip Cod	c)
alfredjohnson89@yahoo.com		
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
Alfred Johnson	(8) at _	13) 359 331
(Name of Contact Person		rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	Section 1 Section 2 Sectio	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section		Address Iment Section

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

FILED 2021 DEC 20 PH 1: 57

Faith Action Ministry Alliance, Inc

(Name of Corporation as currently filed with the F	lorida Dept. of State)	THE SHARY OF STATE
(Documer	nt Number of Corporation (if kno	wn)
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not For I</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
name must be distinguishable and contain the word "	corneration" or "incornerated"	The new
"Company" or "Co." may not be used in the name.	corporation or incorporated	or me doore number Gorp. or me.
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
Trincipal office data ess in cost bill it streets in the	<u> </u>	
	· <del></del>	<del></del>
C. Enter new mailing address, if applicable:	2.50	
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>	
D. If amending the registered agent and/or registe new registered agent and/or the new registered		nter the name of the
Name of New Registered Agent:	· · · · ·	
<u> 6/ 1101/ 128/1101/ EU 118011</u>		-
— <u>New Registered Office Address:</u>	(Flor	da street address)
New Registerett Office Address.		
_	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Re	gistered Agent:	
I hereby accept the appointment as registered agent.		e obligations of the position.
	Signature of New Register	ed 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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>S</u>	Dallas Ruffin	3905 E. Hanna Avenue Tampa, Florida 33610
x Remove			
2) Change Add	<u>D</u>	Marc Jean Baptiste	Brandon, Florida 33511
x Remove 3) Change x Add Remove	<u>S</u>	Edward Patane	P.O. Box 2481 Land O' Lakes, Florida 34639
4) Change × Add	<u>D</u>	Geoffrey Weihe	610 S. Rome Avenue Apt. 401 Tampa, Florida 33606
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
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The date of each amendment(s) adoption date this document was signed.	December 2, 2021	, if other than the
December 2	2, 2021	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Departme	es not meet the applicable statutory filing requirements, this date will ent of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

, <b>a</b>	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated  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)  Alfred Johnson
	(Typed or printed name of person signing)
	President
	(Title of person signing)