N17000001409

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COVER LETTER

FAITH BASED CHARITIES CORPORATION

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: N17000001409 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SANDRA GOIMBERT (Name of Contact Person) FAITH BASED CHARITIES CORPORATION (Firm/ Company) **18348 NE 2ND AVENUE** (Address) MIAMI GARDENS, FL 33179 (City/ State and Zip Code) quickfundingnowllc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SANDRA GOIMBERT 458-5721 (Name of Contact Person) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & B\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

Articles of Amendment to \ Articles of Incorporation of

FAITH BASED CHARITIES CORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State) N17000001409 (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: 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: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: (City) (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.

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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jone Sally Smit	<u>es</u>	
Type of Action (Check One)	_Title	<u>N</u>	<u>Vame</u>	Address
1) Change				
Add				
Remove				
2) Change		- -		
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3) Change				
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6) Change	· · · · · · ·			
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Ε.	If amending o	r adding	additional	Articles.	enter	change(s)	<u>here</u> :

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

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SAID ORANIZATIONB IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL AND
SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO
ORGANIZATIONS THAT QUALIFYAS EXEMPT ORGANIZATIONS DESCRIBED UNDER SECTION 501(c)(3)
OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.
UPON THE DISSOLUTION OF THE ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE
EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE, OR
CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE
FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE. ANY SUCH
ASSETS NOT DISPOSED OF SHALL BE DISPOSED OF BY A COURT OF COMPETENT JURISDICTION IN THE
COUNTY IN WHICH THE PRINCIPAL OFFICE OF THE ORGANIZATION IS THEN LOCATED, EXCLUSIVELY
FOR SUCH PURPOSES OR TO SUCH ORGANIZATIONS AS SAID COURT SHALL DETERMINE, WHICH ARE
ORGANIZED AND OPERATED EXCLUSIVELY FOR SUCH PURPOSES.

The date of each amendment(s) ado	03/2//2017 ption:	, if other than the
late this document was signed.	•	,
03/27/2	2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depa	does not meet the applicable statutory filing requirements, this drtment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopwas/were sufficient for approval.	pted by the members and the number of votes cast for the amenda	nent(s)
There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment(s) was/v	vere
Dated3	-27-17	
Signature	auful	
have not been	an or vice chairman of the board, president or other officer-if dire selected, by an incorporator – if in the hands of a receiver, trusted pointed fiduciary by that fiduciary)	
	Sandra Goimbert	
	(Typed or printed name of person signing)	
	(Title of person signing)	