N18000 011 793

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800331917788

07/26/19--01017--007 **43,75

19 JUL 26 FM 1:21

ANG (1 177) T SCHAROEDER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	FAM "Fighting All Me	onsters:" Inc		
n180 DOCUMENT NUMBER:	000011793			
The enclosed Articles of Amend	ment and fee are submi	itted for filing.		
Please return all correspondence	concerning this matter	to the following:		
Edward Porter				
	(Name of Contact Pe	erson)	
FAM				
		(Firm/ Company	•)	
1100 Biscayne Blvd Unit 5605				
		(Address)		
Miami, FL 33132				
	(1	City/ State and Zip (Codc)	
milk@joinourfam.org				
E-ma	l address: (to be used f	or future annual rep	ort notification)
For further information concerni	ng this matter, please ca	all:		
Edward Porter		at	310	9903674
(Na	me of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the follow	wing amount made paya	able to the Florida E	Department of S	State:
	\$43.75 Filing Fee & C Certificate of Status	2\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi) Filing Fee cate of Status ed Copy ional Copy is sed)
<u>Mailing Addr</u>	<u>ess</u>	Str	eet Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FAM "Fighting All Monsters" Inc.

· (Name of Corporation as c	urrently filed with the Flo	orida Dept. of State)	
n18000011793			
(Document	Number of Corporation (if	known)	
Pursuant to the provisions of section 617,1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not F</i>	for Profit Corporation adopts the	following
A. If amending name, enter the new name of the cor	poration:		
name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name.	rporation" or "incorporat	ed" or the abbreviation "Corp."	_The new or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	K.C.S.	1
		100 185 242 194)
D. If amending the registered agent and/or registere	d office address in Florid	a, enter the name of the	· · · ·
new registered agent and/or the new registered of	ffice address:	<u>20</u>	22
Name of New Registered Agent:			
New Registered Office Address:	(Florida street address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	tered Agent: am familiar with and accep	ot the obligations of the position.	
	Signature of New Regi	stered 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:

 $P = President; V \neq Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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	\underline{V} Mik	n Doe se Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Amber Monahan Willard	17500 W Fetlock Trail
X Add			Surprise, AZ 85387
Remove			19 FALL
2) Change			:- ;- ;- ;- ;- ;- ;- ;- ;- ;- ;- ;- ;- ;-
Add			27. 2
Remove			19
3) Change			
Add			<u></u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	-	···	
Add			
Remove			

25. L. 25. Ph. 1:28 26. L. 25. Ph. 1:28 27. L. 25. L. 25	E. <u>If amending or adding additional</u> (attach additional sheets, if necessar	y). (Be specific)		
				
		<u></u>		
			<u> </u>	
			 	
				
				<u> </u>
			<u>-</u>	
				~,
				<u>N</u>
			<u></u>	
				== 10
				B 2
		·		
			· · · · · · · · · · · · · · · · · · ·	

date this do	i each ame			if other than the
	cument was	dment(s) adoption: signed.		in other train the
Effective da	ate <u>if appl</u> i	June 1, 2019		
		(no	more than 90 days after amendment file date)	
		ed in this block does no te on the Department o	it meet the applicable statutory filing requirements, this date will not state is records.	or be listed as the
Adoption o	f Amendm	ent(s) (Cl	(IECK ONE)	
		was/were adopted by the for approval.	he members and the number of votes cast for the amendment(s)	
		pers or members entitled ard of directors.	d to vote on the amendment(s). The amendment(s) was/were	
	Dated	July 24, 2019		
	Signature			
	Ū	have not been selected	e chairman of the board, president or other officer-if directors, by an incorporator – if in the hands of a receiver, trustee, or fiduciary by that fiduciary)	
		Edward Porter		
			(Typed or printed name of person signing)	
		President	17	
			(Title of person signing)	H. 92 TOF 61