N180000 12614

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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FIRM FOUNDAT	IONS CHRISTIAN FELL	OWSHIP INC.
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	MIKELL L. ANDERSON		
		Name of Contact Perso	on
-		Firm/ Company	
	11852 E. CONFEDERATE I	DRIVE	
-		Address	
- -	GLEN ST. MARY, FLORID	A 32040	
		City/ State and Zip Co	de
	mikellanderson@yahoo.com		
•	E-mail address: (to be us	sed for future annual repor	t notification)
For further information	concerning this matter, pleas	se call:	
MIKELL ANDERSON	ı	904 at (571-9805
Name o	f Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	partment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is checked)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section tion of Corporations Box 6327 hassee, FL 32314	Amen Divisi The C 2415	t Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 bassee, FL 32303

Articles of Amendment to Articles of Incorporation of

EIDM EOHND	TOTAL SWATTA	AMERITAN	OKI DIUPU

TIKM TOOMS/THOMS CHRISTIAN TEEEO WITH H		0.00 10 011 1:00
(Name of Corporation	as currently filed with the I	lorida Dept. of State)
N18000012614		
(Documen	nt Number of Corporation (if)	known)
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this <i>Florida Profit Co</i>	prporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	ooration:	
SPIRIT TALK INC.		The new
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	or "Co". A professional co	corporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>ESS</u>)	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off Name of New Registered Agent		
	(Florida street address)	
March 1000 All		
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a		e obligations of the position.
Signatus	re of New Registered Agent, i	f changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607		

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)

Example:

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.

X Change	<u> PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	ST	DARRYL G. BUFFKIN	11852 E. CONFEDERATE DR.
Add			GLEN ST. MARY, FL 32040
X Remove			
2) X Change	ST	JOANNA C. ANDERSON	11852 E. CONFEDERATE DR.
Add			GLEN ST. MARY, FL 32040
Remove 3) Change	V	EARL K. PETTIBONE	11375 BUCKHEAD TRAIL
X Add			BRYCEVILLE, FL 32009
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

– (Attach <i>add</i>	g or adding additional itional sheets, if necessar	ry). (Be specific	<i>y</i>			
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. <u>If an amen</u>	dment provides for an	exchange, reclass	sification, or can	ellation of issued	shares,	
provisions	for implementing the	amendment if no	t contained in th	<u>e amendment itse</u>	<u>:1f:</u>	
	applicable, indicate N/A	l)				
N/A						
		· -			<u>. </u>	
···						
						

The date of each amendment(s) date this document was signed.	adoption:, if other tha
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date will not be listed a Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a action was not required.	lopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	lopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
	it for the amendment(s) was/were sufficient for approval
by	(voting group)
JULY 1- Dated	J. 2020
Signature	ishell Laderson
selec	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	MIKELL L. ANDERSON
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)