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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

FINANCIAL A	AWARENESS INNO	VATORS INC	· ———		_
N20000000112 DOCUMENT NUMBER:		<u></u>	_		_
The enclosed Articles of Amendment and fee at	re submitted for filing	<u>.</u>			
Please return all correspondence concerning this	s matter to the follow	ing:			
SHARON MASCIARELLI					
	(Name of Con	itact Person)			_
FINANCIAL AWARENESS INNOVATORS	INC.				
	(Firm/ Co	ompany)			_
7711 N MILITARY TRL, STE-205					
γ σ το	(Addi	ress)	_		_
PALM BEACH GARDENS, FL 33410					
	(City/ State a	nd Zip Code)			
FAINNOVATORS@GMAIL.COM					
E-mail address: (to	be used for future and	nual report notil	fication)	_
For further information concerning this matter,	please call:				
SHARON MASCIARELLI		(561)		400-7311	
(Name of Contact	Person)	(Area C	Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount a	made payable to the l	lorida Departm	ent of	State:	
■ \$35 Filing Fee □\$43,75 Filing I Certificate of S	Fee & □\$43.75 Fili	ng Fee & □	3\$52.50 Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Ade Amendme Division o The Cent	nt Sect f Corp		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FINANCIAL AWARENESS INNOVATORS INC.		
Name of Corporation as currently filed with the Florid	da Dept. of State)	
N20000000112		
(Document Nu	imber of Corporation (if I	(nown)
Pursuant to the provisions of section 617.1006, Florida Stancendment(s) to its Articles of Incorporation:	ntutes, this <i>Florida Not F</i>	for Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	orațion:	
N/A		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporate	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRE	E <u>SS</u>)	
		د
o n		SE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A 	
		PH 33
		<u> </u>
	 -	
D. If amending the registered agent and/or registered	office address in Florid	a, enter the name of the
new registered agent and/or the new registered off	ice address:	
Name of New Registered Agent:		
<u>Name of New Registered Agena.</u>		
-		Florida street address)
New Registered Office Address:	·	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	ered Agent: m familiar with and acce	pt the obligations of the position.
	Signature of New Regi	istered 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 Je SV Sally Sr	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	<u>VP</u>	THOMAS MASCIARELLI	
× Remove			
2) Change Add	<u>T</u>	SHARON MASCIARELLI	7711 N MILITARY TRL, STE 205 PALM BEACH GARDENS, FL 33410
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addi (attach additional she	ng additional Art ets, if necessary).	ticles, enter change(s) here: (Be specific)	
N/A			
Add Remove 6) Change Add Remove Remove F. If amending or addi (attach additional sheet)	ng additional Artess. if necessary).	ticles, enter change(s) here: (Be specific)	

		
		_ _
		
The date of each amendment(s) adoption date this document was signed.	9/20/2021 :	, if other than th
9/20/2021	(no more than 90 days after amondment file date)	

Adoption of Amendment(s)

document's effective date on the Department of State's records.

(CHECK ONE)

SHARON MASCIARELLI
(Typed or printed name of person signing)