Naidon Sols

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section **Division of Corporations**

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: F.A.S.T FELONS AL	LIANCE SERVICE	E TEAM NETV	VORK, CORP
N21000008065 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
ROCIO CARMEN SISKA ALEXANDER, FOUNDER	R AND CEO		
	Name of Contact Pe	erson)	****
F.A.S.T FELONS ALLIANCE SERVICE TEAM NET	WORK, CORP		
	(Firm/ Company	<i>y</i>)	
908 BENNOCK MILL RD			
	(Address)		
AUGUSTA GA 30906			
(City/ State and Zip	Code)	
FAMILIESALLIANCE@GMAIL.COM			
E-mail address: (to be used	for future annual rep	ort notification)
For further information concerning this matter, please of	all:		
ROCIO CARMEN SISKA ALEXANDER	at	850	693-2749
(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida l	Department of S	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ Certificate of Status	3843.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi s Certifi	cate of Status ed Copy ional Copy is
Mailing Address Amendment Section		reet Address nendment Section	on

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

F.A.S.T FELONS ALLIANCE SERVICE TEAM NETWORK, CORP

Name of Corporation as currently filed with the	Florida D	ept. of State)	• • •	
N21000008065					
(Docum	ent Numbe	er of Corporat	tion (if known)		 -
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florid</i> e	a Not For Profit C	Corporation adopts th	ie following
A. If amending name, enter the new name of the	corporati	on:			
FAMILIES ALLIANCE SERVICE TEAM NETW	ORK, CO	RP			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ion" or "inco	orporated" or the a	thbreviation "Corp."	
B. Enter new principal office address, if applical	ble:	N/A			
				- 1.21	
		-			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>80X</u>)	N/A		基 盤	2 024
					AUG.
			· · · · · · · · · · · · · · · · · · ·		-7 -7
D. If amending the registered agent and/or regis	tered offic	e address in	Florida, enter the	主。光 e name of the 一公	D
new registered agent and/or the new registere	ed office ac	idress:	. .		ထ္
Name of New Registered Agent:	N/A		<u>.</u>	i. in	8
			(Florida street	address)	
New Registered Office Address:			(* *** **** **** ****		
	N/A	··-	<u>.</u>	Florida	
		(City)		(Zip Code)	
New Registered Agent's Signature, if changing R	Registered	Agent:			
l hereby accept the appointment as registered agent	t. I am fan	niliar with and	d accept the obliga	itions of the position.	
_	Sig	gnature of Ne	w Registered Agen	t, 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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add		TERRY PATRICK BLACK	1121 UNION CEMETERY RD AUGUSTA GA 30906
× Remove			
2) Change Add	ED	SHANNON CATO	908 BENNOCK MILL RD AUGUSTA GA 30906
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional sh		rticles, enter change(s) here: . (Be specific)	
FAMILIES ALLIANCI	E NETWORK IS	INTEGRATED IN THE RURAL ECON	OMIC COMMUNITY DEVELOPMENT
USDA GRANTS AND	LOANS FOR TH	IE ADQUISITION OF A HUBZONE PR	OPERTY TO BUILD A COMMUNITY
CENTER, RECREATION	<u>ONAL P</u> ARK, Al	NIMAL SANCTUARY, AFFORDABLE	HOUSING, A FARMERS MARKET, AN
OUTDOOR THEATER	R FOR THE PERI	FORMING AND VISUAL ARTS, WATE	ER SPORTS, DOMESTIC VIOLENCE
		PETS, A RESCUE ANIMAL SHELTER	

THE COMMUNITY CENTER WILL OFFER ADULT EDUCATION, ARTS AND	CRAFTS, CULINARY ARTS,
HORTICULTURE, LANDSCAPING, AUTO MECHANICS AND SEVERAL EMP	PLOYABILITY COURSES: AS WELL
SWIMMING LESSONS, SUPPORT GROUPS, NA/AA, PEER-TO-PEER COACH	ING, VOLUNTEER WORK.
COMMUNITY SERVICE HOURS, HUMAN & CIVIL RIGHTS ADVOCACY, RE	-ENTRY, INDIVIDUAL AND
FAMILY COUNSELING, CRISIS INTERVENTION, FIRST RESPONDER'S UNI	T AND MEDIATION.
WE ARE A SOCIALLY DISADVANTAGED, MINORITY AND WOMEN OWNE	D ORGANIZATION; OUR GOAL IS
TO CREATE EQUAL OPPORTUNITIES FOR SOCIALLY MARGINALIZED AN	D ECONOMICALLY DEPRIVED
COMMUNITIES AND INDIVIDUALS FOSTERING SOCIAL INCLUSION, CUL	TURAL DIVERSITY AND JUDICIAL
EQUALITY BY CREATING JOBS AND ENRICHING THE QUALITY OF LIFE (OF THE LOCAL COMMUNITY.
AS WE LEARN, GROW AND EXPAND OUR NETWORK AND PARTNERSHIP	S WITH LOCAL ENTERPRISES.
STATE AGENCIES AND FEDERAL ENTITIES, SO WILL OUR COMMUNITY.	
F.A.S.T NETWORK WAS INCORPORATED IN THE STATE OF FLORIDA ON J	IULY 2ND OF 2021.
F.A.S.T NETWORK WAS REGISTERED AS A FOREIGN ENTITY IN THE STA	TE OF GEORGIA ON MARCH 25TH
OF 2023 IN AUGUSTA, COUNTY OF RICHMOND.	
F.A.S.T NETWORK IS ACTIVE AND IN GOOD STANDING IN THE STATE OF	FLORIDA AND IN THE STATE OF
GEORGIA.	
F.A.S.T NETWORK HAS FILLED THE EXECUTIVE POSITIONS: EXECUTIVE	CHIEF DIRECTOR OF THE BOARD
EXECUTIVE CHIEF OF RURAL ECONOMIC COMMUNITY DEVELOPMENT.	

The date of each amendment(s) adoption: JULY 30 TH OF 2024 date this document was signed.		, if other than the
Effective date if applicable:	JULY 30TH OF 2024	

(no more than 90 days after amendment file date)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.



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	JULY 30TH OF 2024
Signatu	re
	(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)
	ROCIO CARMEN SISKA ALEXANDER
	(Typed or printed name of person signing)
	FOUNDER AND CEO
	(Title of person signing)

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	F.A.S.T FELONS A	ALLIANCE SERVIC	DE TEAM NET	WORK, CORP	
DOCUMENT NUMBER:	N21000008065	400			
The enclosed Articles of Ar	nendment and fee are sub	omitted for filing.			
Please return all correspond	lence concerning this mat	ter to the following:			
ROCIO CARMEN SISKA	ALEXANDER, FOUND	ER AND CEO			
		(Name of Contact I	Person)		
F.A.S.T FELONS ALLIAN	ICE SERVICE TEAM N	ETWORK, CORP			
		(Firm/ Compar	ny)		
908 BENNOCK MILL RD					
		(Address)			
AUGUSTA GA 30906					
		(City/ State and Zip	Code)		<u></u>
FAMILIESALLIANCE@C	GMAIL.COM				
	a-mail address: (to be use	d for future annual re	eport notification	on)	 -
For further information con-	cerning this matter, please	e call:			
ROCIO CARMEN SISKA	ALEXANDER	a	850	693-2749	
	(Name of Contact Person			(Daytime Telepho	one Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	Department o	f State:	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	is Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)	
Mailing A	Address	<u>S</u> 1	treet Address		

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