

N2100000 \$106.5

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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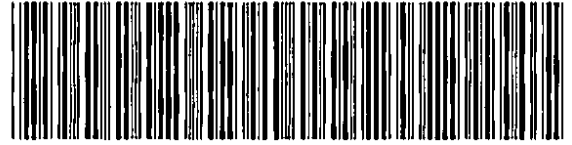
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** F.A.S.T FELONS ALLIANCE SERVICE TEAM NETWORK, CORP

**DOCUMENT NUMBER:** N21000008065

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROCIO CARMEN SISK ALEXANDER, FOUNDER AND CEO

(Name of Contact Person)

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

(Firm/ Company)

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 report notification)

For further information concerning this matter, please call:

ROCIO CARMEN SISK ALEXANDER

850

693-2749

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|---|---|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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 Dept. of State)

N21000008065

(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:**

FAMILIES ALLIANCE SERVICE TEAM NETWORK, CORP

*The new 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)*

N/A

**C. Enter new mailing address, if applicable:**

*(Mailing address MAY BE A POST OFFICE BOX)*

N/A

**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:

N/A

New Registered Office Address:

(Florida street address)

N/A

Florida

(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*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HOUSING FOR VICTIMS AND THEIR PETS, A RESCUE ANIMAL SHELTER, AND A CLINIC.

THE COMMUNITY CENTER WILL OFFER ADULT EDUCATION, ARTS AND CRAFTS, CULINARY ARTS, HORTICULTURE, LANDSCAPING, AUTO MECHANICS AND SEVERAL EMPLOYABILITY COURSES; AS WELL SWIMMING LESSONS, SUPPORT GROUPS, NA/AA, PEER-TO-PEER COACHING, VOLUNTEER WORK, COMMUNITY SERVICE HOURS, HUMAN & CIVIL RIGHTS ADVOCACY, RE-ENTRY, INDIVIDUAL AND FAMILY COUNSELING, CRISIS INTERVENTION, FIRST RESPONDER'S UNIT AND MEDIATION. WE ARE A SOCIALLY DISADVANTAGED, MINORITY AND WOMEN OWNED ORGANIZATION; OUR GOAL IS TO CREATE EQUAL OPPORTUNITIES FOR SOCIALLY MARGINALIZED AND ECONOMICALLY DEPRIVED COMMUNITIES AND INDIVIDUALS FOSTERING SOCIAL INCLUSION, CULTURAL 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 PARTNERSHIPS 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 JULY 2ND OF 2021.

F.A.S.T NETWORK WAS REGISTERED AS A FOREIGN ENTITY IN THE STATE 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, if other than the date this document was signed.

**Effective date if applicable:** JULY 30TH OF 2024  
(no more than 90 days after amendment file date)

**Note:** 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.

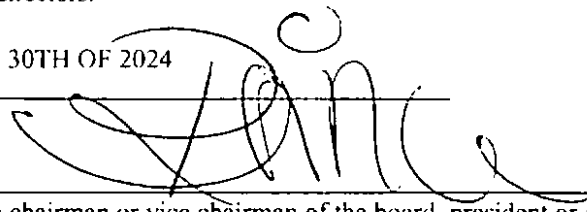
**Adoption of Amendment(s)** **(CHECK ONE)**

- ☒ 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~~ 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

Signature

  
(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 SISK A ALEXANDER

(Typed or printed name of person signing)

FOUNDER AND CEO

(Title of person signing)

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