

8/3/2021

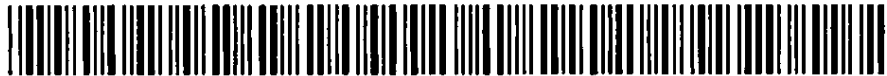
Division of Corporations

# N21000008219

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H21000293605 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : BRYTEBRIDGE CONSULTING, LLC  
Account Number : 120200000117  
Phone : (407)278-1552  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN**  
**FAITH IN ACTION INTERNATIONAL UNLIMITED SERVICES, IN**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$43.75

AUG 4 2021

S. PRATHEF

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: FAITH IN ACTION INTERNATIONAL UNLIMITED SERVICES, INC.

DOCUMENT NUMBER: N21000008219

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

Please return all correspondence concerning this matter to the following:

Micheline Theodore

\_\_\_\_\_  
(Name of Contact Person)

FAITH IN ACTION INTERNATIONAL UNLIMITED SERVICES, INC.

\_\_\_\_\_  
(Firm/ Company)

14611 Southern Blvd Ste 454

\_\_\_\_\_  
(Address)

Loxahatchee, Florida 33470

\_\_\_\_\_  
(City/ State and Zip Code)

thdmic@aol.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Micheline Theodore

561

389-2542

\_\_\_\_\_  
(Name of Contact Person)

at

\_\_\_\_\_  
(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 checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input 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

FAITH IN ACTION INTERNATIONAL UNLIMITED SERVICES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N21000008219

(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:

*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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

(Florida street address)

New Registered Office Address:

(City)

Florida

(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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>T</u>	<u>Paul R Kroleczyk</u>	<u>14611 Southern Blvd Ste 454</u> <u>Loxahatchee, Florida 33470</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>S</u>	<u>Savaine Florestin</u>	<u>14611 Southern Blvd Ste 454</u> <u>Loxahatchee, Florida 33470</u>
3 ) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>                                  </u>	<u>                                  </u> <u>                                  </u> <u>                                  </u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>          </u>	<u>                                  </u>	<u>                                  </u> <u>                                  </u> <u>                                  </u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>          </u>	<u>                                  </u>	<u>                                  </u> <u>                                  </u> <u>                                  </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>          </u>	<u>                                  </u>	<u>                                  </u> <u>                                  </u> <u>                                  </u>

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[illegible]

The date of each amendment(s) adoption: 8/2/2021

**Effective date if applicable:**

**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)

☐

☒ 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 8/03/2021 \_\_\_\_\_

Signature Micheline Theodore  
(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)

Micheline Theodore  
\_\_\_\_\_  
(Typed or printed name of person signing)

President  
\_\_\_\_\_  
(Title of person signing)

FILED  
2021 AUG -3 AM 9:35  
TALLAHASSEE, FLORIDA  
COUNTY CLERK'S OFFICE