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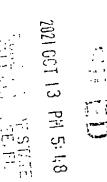
(Req	uestor's Name)	
(Add	ress)	
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(City)	'State/Zip/Phone	· #)
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A. BUTLER OCT 26 2021

COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassec, FL 32314

P.O. Box 6327

NAME OF CORPORATION: A FALCON MINISTRIES DOCUMENT NUMBER: <u>W</u>21000132715 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALI K. FAL COLU YEMIS
(Name of Contact Person) 3800 Socrand-APT415 Hollywood 33019 FL Hollywood, MIAMI, 33019 (City/ State and Zip Code) Fal conflyhigh 109 mall. Co.m E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Name of Contact Person) at 2027306616

(Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ☑ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) Mailing Address Street Address Amendment Section Amendment Section

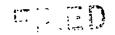
Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment Articles of Incorporation



Name of Corporation as currently filed with the F		٠,	2021 OCT 13	PH 5: 48
-				
179100001120	8			<u>): 516.6</u>
(Documer	nt Number of Corpor	ation (if known)		
Pursuant to the provisions of section 617.1006, Floric amendment(s) to its Articles of Incorporation:		da Not For Profit	<i>Corporation</i> ad	opts the following
A. If amending name, enter the new name of the c	corporation:			
				The new
name must be distinguishable and contain the word ' "Company" or "Co." may not be used in the name.		corporated" or th	e abbreviation "	Corp." or "Inc."
B. Enter new principal office address, if applicable of the principal office address MUST BE A STREET AD				
			===:	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	<u>ox</u>)			
		3333333		
				<u></u>
D. If amending the registered agent and/or registe		n Florida, enter t	the name of the	
new registered agent and/or the new registered	d office address:			
Name of New Registered Agent:				
-		(Florida stre	vet address)	
New Registered Office Address:				
			. Florida	
-	(City)	-	(Zip C	ode)
Now Designated Agent's Signature if changing De	ogistored Agent:			
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	I am familiar with a	nd accept the obl	igations of the pe	osition.
, , ,,	•	·		
_	Signature of N	ew Registered Ag	rent, 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 D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address 3800 S Ocean dr, NOT415
1) Change	P	ALIK FALCON YEMIS	holly wood, 33019.12
Remove 2) Change Add	5	THOMAS BUNUM	Graenwich, CT 06830
Remove 3) Remove Add Remove	TR	Josie Patton	350 E. Congress St.
4) Change Add			
Remove 5)ChangeAddRemove			
6) Change Add			
E. If amending or additional sheet	ng additional Artets. if necessary).	ticles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adoption:date this document was signed.		_, if other than the
Effective date if applicable:	han 90 days after amendment file date)	
Note: If the date inserted in this block does not meet document's effective date on the Department of State	the applicable statutory filing requirements, this date will not be seconds.	e listed as the
Adoption of Amendment(s) (CHECK	(ONE)	
☐ The amendment(s) was/were adopted by the met was/were sufficient for approval.	mbers and the number of votes cast for the amendment(s)	

(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)
(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)
(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)
ALI K FAL CON UEMIS
(Typed or printed name of person signing)
PRESIDEMT