N21000012827

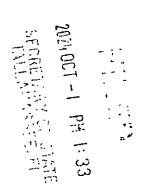
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: FAITH Apostolic Ministries Dec. DOCUMENT NUMBER: 2, J.N. 87-3436854/N21000012827
DOCUMENT NUMBER: 2,2,N. 87-3436854/N21000012827
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dr. Jayevern T. Brand (Name of Contact Person)
FAITH Apostolic Ministries (Firm/Company)
3390 Citrine Circle (RESTVIEW, Fl. 32539 (Mailing Address) 28 John King Rd. Unit 10 Address) CRESTVIEW 1 Fl. 32536 (Physical)
(City/ State and Zip Code) Von brand le la Damai I Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at (205) 999-9373 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State: State
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Milling 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

(Name of Corporation as currently filed with the Florida Dept. of State)					
(Document Number of Corporation (if known)					
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:	<u> </u>				
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) CRESHULLU F 1.32539	<u> </u>				
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: Dr. Jayever A T. Brand					
New Registered Office Address: (Florida street address) (Florida street address) (Florida street address)	£3,				
(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 obligation 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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John De Mike Jo Sally Sr	<u>nes</u>			
Type of Action (Check One)	<u>Title</u>		Name	Address		
1) Change Add		_				
Remove						
2) Change Add		-				
Remove 3) Remove Add Remove		-				
4) Change Add		_	· · · · · · · · · · · · · · · · · · ·	707/ OCT		
Remove 5) Change Add		_		25 1 25 7 25 7		
Remove		_				
Add Remove						
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
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The date of each amendment(s) adopti date this document was signed.	ion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block didocument's effective date on the Department.	oes not meet the applicable statutory filing requirements, this date we ment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes east for the 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

Signature

(By the chairman of yee 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)

Take Very

(Typed or printed name of person signing)

(Title of person signing)

2024-00T -1 PM 1: 33