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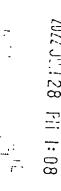
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COVER LETTER

TO: Amendment Section Division of Corporations

Americas Future 1 NAME OF CORPORATION:	Fund Inc.		
N22000001003 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are st			
Please return all correspondence concerning this m	atter to the following:		
Јеггу Dorchuck			
	(Name of Contact	Person)	
N/A			
	(Firm/ Compa	ny)	
Post Office Box 698			
	(Address)		
Marianna, FL 32447			
	(City/ State and Zi	p Code)	
ElectNV@aol.com			
E-mail address: (to be us	sed for future annual r	eport notificatio	n)
For further information concerning this matter, plea	ise call:		
Jerry Dorchuck	;	850	272-1159
(Name of Contact Pers	on)	(Area Code)	(Daytime Telephone Number)
inclosed is a check for the following amount made	payable to the Florida	a Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certit is Certif	0 Filing Fee leate of Status led Copy tional Copy is osed)
Mailing Address Amendment Section		treet Address	·
Amendment Section Division of Corporations		amendment Sect Division of Corp.	
P.O. Box 6327		The Centre of T	
Tallahassee, FL 32314			e Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Americas Future Fund Inc.

2022 JUL 28 PH 1: 08

(Name of Corporation as currently filed with the Florida D	Dept. of State)
N22000001003	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation;	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	<u>ion;</u>
N/A	The new
name must be distinguishable and contain the word "corporat "Company" or "Co," may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>))
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
Graning duaress SIZE BEZETOST OFFICE BOX)	
	
D. If amending the registered agent and/or registered offic	
new registered agent and/or the new registered office ac	ddress:
Name of New Registered Agent: N/A	
<u> </u>	
New Registered Office Address:	(Florida street address)
	(City) , Florida (City)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	
	лика пин сай иссерсия опаданть ој на рознот.
	gnature 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	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>PD</u>	Jerry Dorchuck	P.O. Box 698 Marianna, FL 32447
Remove			
2) Change Add	<u>TD</u>	Dennis Carpenter	P.O. Box 698 Marianna, FL 32447
Remove 3) Change Add Remove			
4) Change Add			
Remove 5/ChangeAddRemove			
6) Change Add			
E. If amending or addin (attach additional shee		iicles, enter change(s) here: (Be specific)	
N/A			
	-		
	<u>.</u>		

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	 .			
				
				
				
				
	 -	 		
ne date of each amendment(s) adoptio	n:			, if other th
te this document was signed.				
fective date <u>if applicable</u> :	(no more than 90 days			
	Section of the OO Line	Salte or amount downer.	A. L. Land	

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 east for the amendment(s) was/were sufficient for approval.

June 22, 2022 Dated
- 201 III N
Signature
(By the chairman only ce chairman of the board president or other officer-if direc
have not been selected, by an incorporator + if in the hands of a receiver, trustee,
other court appointed fiduciary by that fiduciary)
Jerry Dorchuck
(Typed or printed name of person signing)
(**,1**********************************
, , , , , , , , , , , , , , , , , , ,
President/Director