N920000000043

equestor's Name)				
ddress)				
ddress)				
ity/State/Zip/Phone #)				
WAIT MAIL				
usiness Entity Name)				
(Document Number)				
Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



200358983432

81/88/31--81818--831 **85.88

6 TAI TWT

2691 JET 29 PET 2: 14

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

Family Action Network Movement, Inc. NAME OF CORPORATION: N92000000043 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Marleine Bastien (Name of Contact Person) Family Action Network Movement, Inc. (Firm/ Company) 100 NE 84th Street, Suite 150 (Address) Miami, FL. 33138 (City/ State and Zip Code) mbastien@fanm.org/afrancois@fanm.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Aline Francois 305 756-8050 (Name of Contact Person) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$\ \mu\$\$ \$35 Filing Fee □\$43.75 Filing Fee & □\$ □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 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	nen The. Dept. of State)	
Nazodo a 000 43		
(Document Num	per of Corporation (if k	mown)
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:		or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
		The new
name must be distinguishable and contain the word "corpore "Company" or "Co." may not be used in the name.	tion" or "incorporate	d" or the abbreviation "Corp." or "Inc."
P. Enter new principal office address if annicable.		ب
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
		<u> </u>
		76/1 JH2 29
C. Enter new mailing address, if applicable:		P11 2:
(Mailing address MAY BE A POST OFFICE BOX)		
		··
		•
D. If amending the registered agent and/or registered off	ice address in Florida	enter the name of the
new registered agent and/or the new registered office		, enter the name of the
Name of New Registered Agent:		
	(F	lorida street address)
New Registered Office Address:		
 ,	//2:- 1	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		the obligations of the position.
	ignature of New Pagis	torad Agant 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 Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	D	Max Vernet Borieux	100 NE 84th Street, Suite 150 Miami, FL. 33138
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		nal Articles, enter change(s) here: ssary). (Be specific)	
			•

·		
- 11 - ·		 _
****	·····	
		
The date of each amendment(s) at date this document was signed.	doption: September 23, 2020	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not epartment of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the amendment(s) ral.	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

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)

Marie Paule Woodson

(Typed or printed name of person signing)

Board Chair

(Title of person signing)