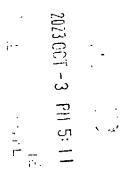
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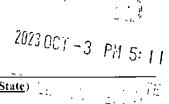
## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: FAITH SHIELD A	SSOCIATION CORP.	
DOCUMENT NUME	BER:		
	of Amendment and fee are sul	bmitted for filing	
Please return all corre	spondence concerning this mat	tter to the following:	
	PAULA LONDONO		
		Name of Contact Person	1
	FAITH SHIELD ASSOCIAT	TON CORP.	
		Firm/ Company	-
	3064 S MILITARY TRAIL S	SUITE 5	
	<del></del>	Address	
	LAKEWORTH, FL 33463		
	<u> </u>	City/ State and Zip Code	
	FAITHSHIELDASSN@AOI	L.COM	
	**	sed for future annual report	notification)
For further information	n concerning this matter, pleas		797-8578
Name	of Contact Person	Area Co	) 797-8578 de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ām Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The C	Address Iment Section in of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



FAITH SHIELD ASSOCIATION CORP.

(Name of Corporation as currently	filed with the Florida Dept. of State)
P12000021596	[
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this $I$ its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or $Co$ ," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany, "or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	<u></u>
	•
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 addr new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
	•
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·
#Florida str	vet address)
V . D	Florida
New Registered Office Address:	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent. I hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position.
Signature of New Ro	rgistered Agent, if changing

Check if applicable

 $\blacksquare$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

6) \_\_\_\_Change

Add

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 <u>PT</u> John Doe X Remove <u>V</u> Mike Jones $\underline{X}$ Add $\underline{SV}$ Sally Smith Type of Action <u>Title</u> **Name** Address (Check One) CARLOS GIRALDO 3064 S MILITARY TRAIL Đ 1) \_\_\_\_ Change SUITE 5 Add **LAKEWORTH, FL 33463** Remove 2) \_\_\_\_ Change \_\_\_\_ Add Remove 3.) \_\_\_\_ Change \_\_\_\_\_ /\dd \_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove

	(Be specific)			
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If an amendment provides for an exch	ange reclassification	or cancellation of issu	red shares	
provisions for implementing the amer	idment if not containe	d in the amendment	itself:	
(if not applicable, indicate N/A)		-		
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date this document was signed.	doption:	, if other than the
C		
• Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the Dep	lock does not meet the applicable statutory filing requirements, tepartment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted action was not required.	opted by the incorporators, or board of directors without shareholde	er action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	opted by the shareholders. The number of votes east for the amend ifficient for approval	ment(s)
	proved by the shareholders through voting groups. The following seeach voting group entitled to vote separately on the amendment(s)	
"The number of votes east f	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
09/23/2023		
09/23/2023 Dated		
Dated		
DatedSignature(By a din selected,	rector, president or other officer – if directors or officers have not t, by an incorporator – if in the hands of a receiver, trustee, or othe ed fiduciary by that fiduciary)	
DatedSignature(By a din selected, appointe	rector, president or other officer – if directors or officers have not I, by an incorporator – if in the hands of a receiver, trustee, or othe	
DatedSignature(By a din selected, appointe	rector, president or other officer – if directors or officers have not l, by an incorporator – if in the hands of a receiver, trustee, or othe ed fiduciary by that fiduciary)	
DatedSignature(By a din selected, appointe	rector, president or other officer – if directors or officers have not l, by an incorporator – if in the hands of a receiver, trustee, or othe ed fiduciary by that fiduciary)  PAULA LONDONO	