P210000 84930

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SECRETARY OF STATE

COVER LETTER

TO: Appendment Secti , Division of Corpo				•		
NAME OF CORPOR	ATION: FAITH INDEPEN	DENCE 2A INC				
DOCUMENT NUMB						
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.				
Please rejurn all corres	pondence concerning this ma	atter to the following	g:			
	LUE JIMMIE JOHNSON					
ι		Naing of Contac	et Person			
· V	PAITH INDEPENDENCE 2	A INC				
•		Firm/ Com	pany			
	456 CANBY CIRCLE					
•		Address	S			
,	OCOEE, FL, 34761					
•		City/ State and 2	Zip Code			
	FAITH2AINC@GMAIL.CO)M				
`	E-mail address: (to be us	sed for future annua	il report notification)			
For further information	concerning this matter, pleas	se cali:				
LUE NAMIE JOHNS	ИС	at (32	278-5824 Area Code & Daytime Tele			
Name o	f Contact Person		Area Code & Daytime Tele	phone Number		
Enclosed is a check for	the following amount made					
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	X\$43.75 Filing Certified Copy (Additional copenclosed)	Fee & South State of	<i>!</i>		
Ame Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassec, FL 32314	Ģ.	Street Address Amendment Section Division of Corporations The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303			

Articles of Amendment to Articles of Incorporation of

FILED

2021 OCT -4 AM 6: 46

SECRETARY OF STATE FAITH INDÉPENDENCE 2A INC (Name of Corporation as currently filed with the Florida Dept. of State) P21000084930 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 456 CANBY CIRCLE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) OCOEE FL, 34761 C. Enter new mailing address, if applicable: P O BOX 1533 (Mailing address MAY BE A POST OFFICE BOX) WINDERMERE FL, 34786 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 (Florida street address) New Registered Office Address: (Cits) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

;.*;

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)

Please have officer/director title by the first letter of the office title:

 $P = F_{\rm SN}$ ident; V = V ice President; T = T reasurer; S = S ecretary; D = D irector; TR = T rustee; C = C hairman or C lerk; CEO = C hief Exhibitive Officer; CFO = C hief 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.

X Change	<u>PT</u>	John D	<u>0c</u>	
X Remove	V	Mike Jo	<u>ones</u>	
X Add	<u>SV</u>	Sally S	mith	
Type of Action (Check One)	Title		Name	Address
1) X Shange	Р	_	LUE JIMMIE JOHNSON	456 CANBY CIRCLE
Add				OCOEE FL. 34761
Remove				
2) Change				
Add				
Remove 3) Change		<u></u>		
Add				
Remove				
4) La Change		_		
Add				
Remove				
5) Change		_		
Aud				
Remove				
6) Change				
^*Add		_		
Remove				

ttach additional sheets, if necesso	rry). (Be specific)			
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an amendment provides for an	exchange, reclassifi	cation, or cancella	ition of issued chare	•
povisions for implementing the	amendment if not c	ontained in the an	nendment itself:	2
(if not applicable, indicate N/.	4)			
N/A				
				· · · · · · · · · · · · · · · · · · ·
r	-			
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	a amendment(s) adoption:	, if other than the
date this documer	09/25/2021	
Effective date if:	(no more than 90 days after amendment file date)	
	e inserted in this block does not meet the applicable statutory filing requirements, this tive date on the Department of State's records.	s date will not be listed as the
Adoption of Amo	endment(s) (<u>CHECK ONE</u>)	
The amendment action was not	ent(s) was/were adopted by the incorporators, or board of directors without shareholder t required.	action and shareholder
	ent(s) was/were adopted by the shareholde 5. The number of votes east for the amendm olders was/were sufficient for approval.	ent(s)
☐ The amendmen	ent(s) was/were approved by the shareholders through voting groups. The following startely provided for each voting group entitled to vote separately on the amendment(s):	tement
"The nur	imber of votes cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	Dated	-30-21
₹# ⁴ *! •	(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
	LUE JIMMIE JOHNSON	
	(Typed or printed name of person signing)	
	PRESIDENT	
Fx 4	(Title of person signing)	