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Amendicas

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COVER LETTER

Division of Corporations NARROW PATH OUTREACH INCORPORATED NAME OF CORPORATION: _____ N20000003566 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: QUESHONDA KUDAISI (Name of Contact Person) N/A (Firm/ Company) 3977 WARBLER DRIVE (Address) WINTER HAVEN/FLORIDA 338/30 (City/ State and Zip Code) INFO@NARROWPATHOUTREACH.ORG E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: QUESHONDA KUDAISI 863 877-5795 (Name of Contact Person) (Daytime Telephone Number) (Area Code) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certi ficate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32L314 **Street 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**

NARROW PATH OUTREACH INCORPORATED

	of	
NARROW PATH OUTREACH INCORPORATED		Part of the second
Name of Corporation as currently filed with the Flor	ida Dept. of State)	
N20000003566		(if known)
(Document N	lumber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida St mendment(s) to its Articles of Inceπporation:	tatutes, this Florida No.	t For Profit Corporation adopts the following.
A. If amending name, enter the new mame of the corp	onations.	-•
N/A		The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorpor	
3. Enter new principal office address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRI	<u>ESS</u>)	
· Paramana is and have is an inchin		
J. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A 	
		
). If amending the registered agent and/or registered	Loffian addruce in Flor	ide enter the name of the
new registered agent and/or the new registered off		ida, enter the name of the
N/A		
Name of New Registered Assent.		
New Registered Office Address:		(Florida street address)
· · · · · · · · · · · · · · · · · · ·		
	(City)	Florida (Zip Code)
	(Ciù)	(λην σουσ)
New Registered Agent's Signature, if changing Registe		
hereby accept the appointment as registered agent. I a	m familiar with and acc	ept the obligations of the position.
	Signature of New Re	voistered 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>YT</u> <u>V</u> <u>SV</u>	Nohm Dove Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) <u>× </u>	N/A	LAST NAME SHOULD BE YAKPO-NEWTON	N/A
Romove			
2) Change Add	D	BEVERLY ANN BOLLING	159 KINSEY AVE CINCINNATI, OHIO, 45219
X Remove 3) Change X Add	D	TOSHA J. COHEN	5430 STRICKLAND AVE LAKELAND, FLORIDA 33812
Remove 4) Change × Add	<u>D</u>	Deborah Olaitan Olabisi	2567 BOOTS REACT 2567 POOTS POAR LAKELAND, FLORIDA 33810
Remove 5) Change Add			
Remove 6) Change Add			
		omal Articles, enter change(s) here	
		eswary). (Be specific)	distributed for one or more exempt purposes within
Fields and this dissolution claus	e arret me b	rpose. "Upon the dissolution of this organization, assets shall be or	nganodico foi one or more exempt purposes within
government, or to a state or loc	_	ext. Revenue Code, or corresponding section of any future federal to	ax code, or shall be distributed to the federal
Disease and our EIN purples 95 (0557209		

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The date of each amendment(s) adoptio	_n . 5/5/2020		, if other than the
date this document was signed. 51512020		-	, n one) than the
Effective date if applicable: 5/5/2020			
meteric date il applicable.	(no more than 90 days aft	er amendment file date)	
Note: If the date inserted in this block doodocument's effective date on the Department.		s atutory filing requirements, th	is date will not be listed as the
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.

uacyrea	by the board of directors.
	5/5/2020 Dated
	Signature 2 - Vn
	(By the chair man or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Queshonda Kudaisi