

N27264

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

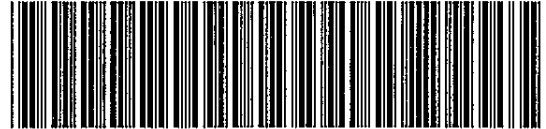
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Loretta Jennings gave
authority to add "Inc."
to new corporate name.

AL 9-22

Office Use Only



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09/16/05--01008--011 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 SEP 16 AM 8:08

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LAMBDA OUTREACH, INC.

DOCUMENT NUMBER: N27264

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LORETTA JENNINGS
(Name of Contact Person)

LAMBDA Outreach, Inc.
(Firm/ Company)

PO Box 9177
(Address)

DAYTONA Beach FL 32120-9177
(City/ State and Zip Code)

For further information concerning this matter, please call:

LORETTA JENNINGS at (386) 255-5569 x20
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| ☒ \$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) |
|---|--|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

LAMBDA Outreach, Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

N27264

(Document number of corporation (if known))

FILED
05 SEP 16 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

Outreach Community Care Network, Inc.

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

ADDRESS- 111 N. FREDERICK AVE, Suite 500 - Delete

ADDRESS- 240 N. FREDERICK AVE, Suite "D" - ADD

Reg. Agent Address - 108 Powell Blvd, Daytona Bch, FL 32114 ⁴⁻¹¹⁻¹³ ~~Delete~~

176 Brandy Hills Dr, Port Orange, FL 32129 ~~32129~~ ~~ADD~~

OFFICER - Jose Silva - Delete

9 Crescent Lake Way - Delete

Ormond Beach, FL 32174 - Delete

OFFICER ADDRESS - 108 Powell Blvd, Daytona Bch, FL - Delete

176 Brandy Hills Dr. Port Orange, FL. ADD

The date of adoption of the amendment(s) was: 8/1/05
Effective date if applicable: 8/1/05
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 26th day of August, 2005.

Signature Loretta Jennings
(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.)

Loretta Jennings
(Typed or printed name of person signing)

Executive Director
(Title of person signing)

FILING FEE: \$35