NO6 0000 11149

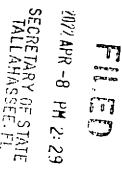
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: New Thing Outreach Ministry, Inc.
NAME OF CORPORATION: New Thing Outreach Ministry, Inc. DOCUMENT NUMBER: NO600011149
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Peggy Reed (Name of Contact Person)
(Name of Contact Person)
(Firm/ Company)
1400 Le Baron Ave Apt 6/2 (Address)
Jacksonville, Fl 32207 (City/State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Peggy Reed at 904 440-6860 (Name of Contact Person) at (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to
Articles of Incorporation

FILED

New Mina Outreach	7 MISTY (1302 APR - 8 PM 2: 29	
(Name of Corporation as currently filed with the Florida	da Dept. of State)	
N06000011149	SECRETARY OF STATE TALLAHASSEE.FL	
(Document Nun	imber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the following	;
A. If amending name, enter the new name of the corporate	oration:	
A New Thing Outro	each Ministry Inc. The new voration "or "incorporated" or the abbreviation "Corp." or "Inc."	
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable:	1400 LeBaron Ave Apt 61	12
(Principal office address MUST BE A STREET ADDRESS	1400 LeBaron Ave Apt 61 Jacksonville FL 3220")
	,	
C. Enter new weiling address if amiliable.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1400 Lesaron Ave, Apt 6	/ J
	Jacksonville, Fl 32207	
D. If amending the registered agent and/or registered of	office address in Florida, enter the name of the	
new registered agent and/or the new registered office		
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registere	red Agent:	
I hereby accept the appointment as registered agent. I am j		
	Signature of New Registered 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	PT John I V Mike J SV Sally S	lones	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change Add			
Remove			
2) Change Add			
3) Remove Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or adding (attach additional sheet)		ticles, enter change(s) here: (Be specific)	
	-		

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1 /	
The date of each amendment(s) adoption: 4/6/2022 date this document was signed. Effective date if applicable: 4/6/2022 (no more than 90 days after amendment file date)	10 x 1
The date of each amendment(s) adoption: $\frac{9/6}{2020}$, if other than the
date this document was signed.	
4/2/2012	
Effective date if applicable: // 0/ 20 3 0	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi	ll not be listed as the
document's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
)	Dated 4/4/2022
	Signature Plagy Feed
	(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)
	Legar Reed
	(Typed or printed name of person signing)
	Tresident
	(Title of person signing)