## N080000008187

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## **COVER LETTER**

Division of Corporations				
NAME OF CORPORATION: LFCC Outreach Development Corporation, Inc.				
DOCUMENT NUMBER: NO800008	187			
	1.C. CU			
The enclosed Articles of Amendment and fee are subm	itted for filing.			
Please return all correspondence concerning this matter	to the following:			
Samuel Lamar Simmons				
	(Name of Contact Persor	1)		
LFCC Outreach Develop	ment Corpo	oration, Inc.		
	(Firm/ Company)			
1410 E. Indianhead Drive	Э			
	(Address)			
Tallahassee, FL 32301				
	City/ State and Zip Code	e)		
finance@thelfcc.o	ra			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please of	call:			
Samuel Lamar Simmons	at 850	878-4930		
(Name of Contact Person)		ode & Daytime Telephone Number)		
Enclosed is a check for the following amount made pay	vable 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)		
Mailing Address	Street	Address		

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

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

14 SEP 23 AM 9: 04

LFCC Outreach Development Co	orporation, Inc.
(Name of Corporation as currently filed with the	he Florida Dept. of State)
N08000008187	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida 5 amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:
Not Applicable	The new
	orporation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	NI ( A . P. LI
B. Enter new principal office address, if applicable:	Not Applicable
(Principal office address <u>MUST BE A STREET ADDR</u>	RESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Not Applicable
D. If a second of the second o	
D. If amending the registered agent and/or registere new registered agent and/or the new registered of	
Not Apr	
Name of New Registered Agent: NOT APL	
New Registered Office Address:	(Florida street address)
	WL 11
	, Florida (City) (Zip Code)
	(inprovince)
New Registered Agent's Signature, if changing Regis	stered Agent: am familiar with and accept the obligations of the position.
e, accept the appointment as regimered agent. 1	am jamma with the accept the bongations of the position.

Page 1 of 4

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	<u>V</u> <u>Mik</u>	n Doe se Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Terry Edwards	1410 E. Indianhead Dr.
X			Tallahassee, FL 32301
Remove			
2) Change	D	Buford Manion	1410 E. Indianhead Dr.
X			Tallahassee, FL 32301
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:				
(attach additional sheets, if necessary).	(Be specific)			
Not Applicable				
Not Applicable				
. , , , , , , , , , , , , , , , , , , ,				

The date of each a	nendment(s) adop	tion:	1-2-14			ig (7, 2) 24 i 27 −3 41 }	, if other than the
late this document v	• •						
Effective date <u>if ap</u>	plicable:				14/3EP 2	23 AN	9: 04
<del></del>		(no more tha	ın 90 days after ame	ndment file date)		_	
	144.5	(CHECK O	Nation N		SEC:		ativite Grida
Adoption of Ameno	iment(s)	(CHECK O	<u>jne</u> )				
	t(s) was/were adoption tient for approval.	ed by the memb	pers and the number	of votes cast for t	he amendmo	ent(s)	
	embers or members board of directors.	entitled to vote	on the amendment(s	s). The amendme	ent(s) was/w	ere	
Dated	-09/11	0/14	<del></del> /	7 -			
Signat		1/11	and of	don			_
			an of the board, pres				
			ncorporator – if in th by that fiduciary)	e nanus of a rece	iver, trustee.	, or	
	Samu	el Lam	ar Simm	ons	<u></u>		
			name of person signi	ng)			
	(	CEOlfres	ident				
	<del></del>	(Title of	f person signing)		<del></del>		