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CONTRACTOR

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: VICTO	ory Outreach Tampa, Inc.
	•
DOCUMENT NUMBER: NOBOC	0008511
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this matt	er to the following:
David Rube	ro
David Rube	(Name of Contact Person)
	(Firm/ Company)
,	• •
6259 99th Circle	e N.
	(Address)
Pinellas Park, F	1. 33782
	(City/ State and Zip Code)
F-mail address: (to be use	JIIZCOMAII.COM Hor future annual report notification)
For further information concerning this matter, please	e call:
David Rubero	at 813 770-8003 (Area Code) (Daytime Telephone Number)
(Name of Contact Person	n) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 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	Amendment Section Division of Corporations
Division of Corporations	erion or early and

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

VICTORY OUT PEACH TAMPA, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

N0800008517 (Document Number of Corporation (if known)

Pursuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following

Reviveolution Churc	on: h, INC.	The new
KEVIVEOLUTION CHUIC name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name.	on" or "incorporated" or the	abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	2023
). If amending the registered agent and/or registered office		e name of the
new registered agent and/or the new registered office ac	ldress:	7
Name of New Registered Agent:	N/A	
New Registered Office Address:	(Florida stree	(address)
	(City) N/A	, Florida(Zip Code)
	Agent:	

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 D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change		_N/A	
Add			
Remove			
3) Change		-N/A	
Add		·	
Remove			
4) Change		N/A _	
Add			
Remove			
5) Change		N/A	
Add		,	
Remove			
6) Change		N/A	
Add			
Remove			

amending or adding additional track additional sheets, if necessor	ary). (Be specific)			
×1/A				
N/A			 	
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The date of each amendment(s) adoption:	9/1/2020	, if other than the
late this document was signed.		
Affective date <u>if applicable</u> :	9/11/2020	
(no	o more than 90 days after amendment file (date)
Note: If the date inserted in this block does no locument's effective date on the Department		irements, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast	t for the amendment(s)
There are no members or members entitl adopted by the board of directors.	led to vote on the amendment(s). The ame	ndment(s) was/were
Dated 9.11.20) <u>20 </u>	
Signature	m'	
(By the chairman by v have not been selecte	ice chairman of the board, president or othed, by an incorporator – if in the hands of a l fiduciary by that fiduciary)	
Θ I	libert Nevi Jr.	
	(Typed or printed name of person sig	gning)
	CEO	
	(Title of person signing)	