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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Marcelin & Mar	ason Community Outre	each, Inc.
DOCUMENT NUM	BER: N09000004187		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Adn	er Marcelin	
<del>-</del>	(Name o	f Contact Person)	
	Marcelin & Mason	Community Outreach, Inc.	
	(Fin	n/ Company)	<del>.</del>
	P.O.	Box 20523	
	(	Address)	
	Tallahas	ssee, FL 32316	
<del></del>		te and Zip Code)	
	ect@marcelinandmason.co E-mail address: (to be use on concerning this matter, pleas	om / amarcelin@marcelina ed for future annual report notifi e call:	ndmason.cr cation)
Adner Marcelin		at ( 850 ) 228-52	51
	of Contact Person)	at ( <u>850</u> ) <u>228-52</u> (Area Code & Dayt	ime Telephone Number)
Enclosed is a check for	or the following amount made g	payable to the Florida Departme	nt 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	er Circle

## **Articles of Amendment** to **Articles of Incorporation** of

Marcelin & Mason Community Outreach, Inc

'09 JUN 25 PM 12: 11

ATE RIDA

(Name of Corporation as currently filed with t	<del>he Florida Dept. of State)</del> SEURE TARY OF ST TALLAHASSEE, FLO
N09000004187	TALLAHASSEE, FLU
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, the following amendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporation	<u>u</u>
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add  Name of New Registered Agent:	

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Florida street address)

(City)

Florida\_

(Zip Code)

## 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)

<u>Title</u>	Name	Address	Type of Action
(attach ad	ling or adding additional Articles dditional sheets, if necessary). (E	Be specific)	
	ganization is organized exclu		ous, education, and
· · · · · · · · · · · · · · · · · · ·	ourposes, including, for such		
qualify as	exempt organizations under	section 501 (c) (3) of the Ir	nternal Revenue Code, or
	ding section of any future fed		
B. Upon th	ne dissolution of the organiza	tion, assets shall be distrib	uted for one of more
exempt pu	rposes within the meaning of	f section 501 (c) (3) of the	internal Revenue Code, or
correspon	ding section of any future fed	eral tax code, or shall be d	listributed to the federal
governem	ent, or to a state or local gove	ernment, for a public purpo	se. Any such assets not
disposed o	of shall be disposed of by the	Court of Common Pleas of	of the county in which the
princiapal	office of the organization is the	nen located, exclusivley for	such purpose or to such
organizati	on or organizations, as said (	Court shall determeine, whi	ich are organized and
operated e	exclusively for such purposes		
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The date of each amendment(s) adoption: 06-10-09					
	(date of adoption is required) 5-10-09				
	(no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were a was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) al.				
There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were ors.				
Signature  (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)  Achiev MARCCA  (Typed or printed name of person signing)  Control of person signing)					

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