N10000002118

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COVER LETTER

TO: Amendment Section* Division of Corporations			
SOUTHSIDE CON NAME OF CORPORATION:	4MUNITY RESOURC	E CENTER, II	NC.
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sul	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
	ALLEN ELLISC	N	
	(Name of Contact Pe	erson)	
	(Firm/ Company	.)	
	1013 S DELANEY	AVE	
	(Address)		
A	VON PARK, FLORID	OA 33825	
	(City/ State and Zip (Code)	
	ELLISON247@GMAI	L.COM	
E-mail address: (to be use	ed for future annual rep	ort notification	n)
For further information concerning this matter, pleas	se call:		
ALLEN ELLISON	at	240	381-5683
(Name of Contact Perso		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida l	Department of	State:
☐ \$35 Filing Fee		Certifi s Certifi	Filing Fee cate of Status ed Copy tional Copy sed)
Mailing Address		eet Address	
Amendment Section Division of Corporations		iendment Secti vision of Corpo	
P.O. Box 6327		e Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

SOUTHSIDE COMMUNITY RESOURCE CENTER, INC.

(Name of Corporation as currently filed with th	e Florida Dept. of State)	-
	N10000002118	
(Docur	ment Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006. Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not Fa</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		I" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	able: IDDRESS)	
	.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
D. If amending the registered agent and/or regi		, enter the name of the
new registered agent and/or the new register	-	
Name of New Registered Agent:	ALLEN ELLISON	
	114 SOUTH RIDGEWOOD DE	RIVE
N. D. C. 1000 All	•	lorida street address)
<u>New Registered Office Address</u>	SEBRING	. Florida <u>33870</u>
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		the obligations of the position.
	111. 111.	
-	Signature of New Regist	ered 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 De V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	<u>P T</u>	ALLEN ELLISON	114 SOUTH RIDGEWOOD DRIV. SEBRING, FLORIDA 33870
Remove			
2) Change Add	<u>P</u>	SHIRLEY JOHNSON	PO BOX 985 AVON PARK, FL 33826
x Remove 3) Change x Add Remove	<u>D</u>	KOGEE GRAY	410 EAST LAKEVIEW DRIVE AVON PARK, FL 33826
4) Change Add	<u>S</u>	ALBERT BERRY	PO BOX 985 AVON PARK 33826
× Remove			
5) Change × Add	<u>S</u>	WILLIE SEIGLER	PO BOX 985 AVON PARK, FLORIDA 33826
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
	 		

The date of each amendment(s) adoption: DECEMBER 1, 2020	•		
Effective date if applicable: DECEMBER 1, 2020			
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Effective date if applicable: DECEMBER 1, 2020			
Effective date if applicable: DECEMBER 1, 2020			
Effective date if applicable: DECEMBER 1, 2020	The date of each amendment date this document was signed	(s) adoption: DECEMBER 1, 2020	if other than the
(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 will not be listed as the			
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the	Enective date it applicable:	(no more than 90 days after amendment file date)	
document's effective date on the Department of State's records.	Note: If the date inserted in the document's effective date on t	is block does not meet the applicable statutory filing requireme	ents, this date will not be listed as the

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

(CHECK ONE)

Adoption of Amendment(s)

There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
Dated	DECEMBER 1, 2020
Signature	Brenda Revelch
-	(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)
	BRENDA WELCH
	(Typed or printed name of person signing)
	VICE PRESIDENT
	(Title of person signing)