

NI100000000066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

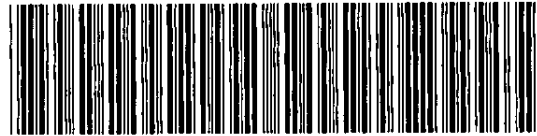
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800245830908

Amend

03/29/13--01003--004 **43.75

FILED
2013 MAR 28 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
3/28/13

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Some 1 Cares Outreach Inc.

DOCUMENT NUMBER: 11-110000 000 66

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth Alejandro
(Name of Contact Person)

Some 1 Cares Outreach Inc.
(Firm/ Company)

12036 County Cove Ave.
(Address)

Hudson FL 34669
(City/ State and Zip Code)

Some 1 Cares Outreach@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Alejandro at (813) 403-3071
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

Some1Cares Outreach Inc

2018 MAR 28 PM 3:43

(Name of Corporation as currently filed with the Florida Dept. of State)

N 11 000 0000 66

(Document Number of Corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10957 SR 52

Hudson FL. 34669

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12036 Country Cove Ave.

Hudson FL. 34669

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Elizabeth h Alejandro

12036 Country Cove Ave.

(Florida street address)

New Registered Office Address:

Hudson

(City)

FL.

Florida

34669

(Zip Code)

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

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

Elizabeth h Alejandro

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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Peggy Hildebrand</u>	<u>18616 Lansford Dr.</u> <u>Hudson FL 34608</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>George Aguendo</u>	<u>5238 Commercial way</u> <u>Springhill FL 34606</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Evelyn Gelormino</u>	<u>1151 Newcomb Ave.</u> <u>Springhill FL 34608</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>John Gelormino</u>	<u>1151 NewComb Ave.</u> <u>Springhill FL 34608</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Monica Riley Gelormino</u>	<u>5436 Palm Drive</u> <u>New Port Richey FL 34652</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Said organization exclusively for Charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distribution to Organizations that qualify as exempt Organizations under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future Federal tax Code.

Upon the dissolution of the Organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the Federal government, or to a State or local government, for a public purpose. Any such assets not disposed of shall be disposed of by a Court of competent jurisdiction in the County in which the principal office ^{of the} ~~of the~~ organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized exclusively for such purposes.

please see attachment

The date of each amendment(s) adoption: 3/20/13

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 3/21/2013

Signature Elizabeth Alejandro
(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)

Elizabeth Alejandro
(Typed or printed name of person signing)
Founder - President
(Title of person signing)