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Amend Cus 10 3/14/11

COVER LETTER

NAME OF CORPORATION: Herman and Mary G. ALLen Community Document number: Name of Amendment and fee are submitted for filing.

Herman Allen
(Name of Contact Person)
Herman and Mary G. Allen
(Firm/ Company)
6540 ALCESTER Drive
(Address)
New Port Richey, FL. 34655
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Please return all correspondence concerning this matter to the following:

Herma	n Allen		7-9099 cell
(Nam	e of Contact Person)	(Area Code & Dayti 727) 937 payable to the Florida Departmen	me Telephone Number) -4854 = Horne
Enclosed is a check	for the following amount made	payable to the Florida Departmen	at of State:
35 Filing Fee	\$43.75 Filing Fee &	□\$43.75 Filing Fee &	□ \$52.50 Filing Fee
Δ.	Certificate of Status	Certified Copy	Certificate of Status
		(Additional copy is	Certified Copy
		enclosed)	(Additional Copy

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

is enclosed)

Articles of Amendment to

Articles of Incorporation

Herman And Mary G.	ALLEN	Communi	ty Outre	ach, Inc.
(Name of Corporation as currently				,
N 11 000000 348				
(Document Number o	f Corporation (i	f known)		
Pursuant to the provisions of section 617.1006, Floric the following amendment(s) to its Articles of Incorporate for the following amendment(s) to its Articles of Incorporate for the following amendment(s) to its Articles of Incorporate for the following amendment(s) to its Articles of Incorporate for the following amendment (s) to its Article		Florida Not For	Profit Corporat	ion adopts
A. If amending name, enter the new name of the o	orporation:		NILO	
The new name must be distinguishable and contain abbreviation "Corp." or "Inc." "Company" or "Co				the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)		λ	(a	DIVISION OF TARR
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	2X)	M	A	RY OF STATIONS CORPORATIONS
D. If amending the registered agent and/or registered new registered agent and/or the new registered			enter the name o	of the
Name of New Registered Agent:		Ma		
New Registered Office Address:	(Florida sti	reet address)		
			, Florida	- //// /-
	(Ci	ty)	(Zip Code	;)
New Registered Agent's Signature, if changing Re-			. W ATT	e a
I hereby accept the appointment as registered agen position.	t. I am famil	iar with and acc	cept the biligation	ons of the
Signatu	re of New Regi:	stered Agent, if c	hanging	

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
— <u> </u>		☐ Add ☐ Remove	
			Add Remove
	;		Add Remove
	ding or adding additional Article		
(attach c	additional sheets, if necessary). (
	Please add th	e tollowing:	
distriction distri	the dissolution of the abuted for one or more on 501(c)(3) of the Interpretation of any future federal government, or to purpose. Any such asset the Court of Common Plaipal office of the organich purposes or to such court shall determine, sively for such purposes	exempt purposes withing ernal Revenue Code, on all tax code, or shall to a state or local gosets not disposed of steas of the county in anization is then local organization or organized awhich are organized	n the meaning of r corresponding be distributed to vernment, for a hall be disposed which the ted, exclusively nizations, as
			<u> </u>

The date of each amendment(s) ad	option: 3/3//1
,	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were
Dated3	18/11
Signature	liman M
have not l	nairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator — if in the hands of a receiver, trustee, or it appointed fiduciary by that fiduciary)
<u>H</u>	lerman ALLEN
	(Typed or printed name of person signing)
<u>C_ 0-</u>	-Founder & CEO
	(Title of person signing)
