NII 0000007188

(Reque	stor's Name))
(Addres	ss)	
(Addre	ss)	
(12272	,	
(City/Si	ate/Zip/Phor	ie #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Na	me)
·	-	•
/Decum	nent Number	<u>, </u>
(Local)	nent Number	,
Certified Copies	Certificate	s of Status
Special Instructions to Filir	na Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO		N OUTREACH PRO	GRAM, INC.		
,	N1100007188				
DOCUMENT NUMBER: _		<u>-</u>			_
The enclosed Articles of Am	endment and fee are sub	mitted for filing.			
Please return all corresponde	nce concerning this matt	er to the following:			
Albert Bruce					
	· •	(Name of Contact Pe	erson)	•	_
Guyana Mission Outreach P	rogram				
		(Firm/ Company	/)		_
5038 SW 114th Street Road					
*****		(Address)			_
Ocala, FL 34476					
	•	(City/ State and Zip	Code)		
al@guyanaoutreach.org					
E-	mail address: (to be used	for future annual rep	ort notification	n)	_
For further information conce	erning this matter, please	call:			
Mike Bruce		at	703	98908989	
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the fo	ollowing amount made pa	iyable to the Florida l	Department of	State:	
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	0 Filing Fee leate of Status ied Copy tional Copy is osed)	
Mailing A	ddress	Str	eet Address		

Amendment Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

GUYANA MISSION OUTREACH PROGRAM

(Name of Corporation as currently filed with the Florida	a Dept. of State)
N1100007188	
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statuamendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ration:
Guyana Outreach! Inc.	The ne
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "Inc.
B. Enter new principal office address, if applicable:	n/a
(Principal office address MUST BE A STREET ADDRESS	<u>S</u>)
C. Enter new mailing address, if applicable:	n/a
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	174
	4 <u>-</u> · · · · · · · · · · · · · · · · · · ·
N. If any of the contract of the contract of	60 and decrease 121 and decrease 6 at
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent:	
Name of New Regimerea Agent.	
	(Florida street address)
New Registered Office Address:	
	Florida
	, Florida
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo	
i nercoy accept the appointment as registered agent. I am jo	јаница жин шке иссерство обидинонь ој те розинон.
	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:

tAttach 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	<u>V</u> <u>Mike</u>	Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) × Change Add	<u>PCCEO</u>	Albert M Bruce	5038 SW 114TH STREET ROAD OCALA, FL 34476
Remove 2) Change	<u>v</u>	Michael Bruce	1217 Weatherstone Court Reston, VA 20194
Remove 3) * Change Add Remove	TCFO	Ransford Foster	6861 SW 146 LANE ROAD OCALA, FL 34473
4) Change Add	<u>S</u>	Linda Brown	P.O. BOX 772073 OCALA FL 34477
Remove 5) x Change Add Remove	<u>D</u>	Melva Bruce	318 OVERBROOK RD. PISCATAWAY, NJ 08854
6) Change Add Remove	Advisor	Leonard Lewis	676 EAST 23RD STREET BROOKLYN, NY 11210
		rticles, enter change(s) here: b. (Be specific)	
Remove Tamara Merrii Remove Audley McLea			

-		

~		
		
The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:		
(n	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does a document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not of State's records.	ot be listed as the
Adoption of Amendment(s) (9	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	

Signature (By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Albert Bruce ABGIT BRUCE (Typed or printed name of person signing)	
(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Albert Bruce ALBGIT BRUCE	
ALBGIT BRUCE	ected, by an incorporator - if in the hands of a receiver, trustee, or
(Typed or printed name of person signing)	ALBGICT BRUCE
	(Typed or printed name of person signing)
	,