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SECRETARY OF STATE OF CONFIDENCE AND STATE OF CONFIDEN

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Trinity	Outreach o	of Tan	npa Bay
DOCUMENT NUMBER: N120000			
The enclosed Articles of Amendment and fee are	e submitted for filing.		
Please return all correspondence concerning this	matter to the following	:	
Kristi Lefferts			
	(Name of Contac	t Person)	, , , , , , , , , , , , , , , , , , ,
Trinity Outreach of Ta	mpa Bay		
	(Firm/ Comp	any)	
PO Box 48126			
	(Address)	
Tampa, FL 33647			
	(City/ State and Z	(ip Code)	
klefferts@trinity			
E-mail address: (to be	used for future annual	report notifi	cation)
For further information concerning this matter, p	lease call:		
Kristi Leffert	at (87	77 ;	333-1845
(Name of Contact Person)	(/	Area Code &	Daytime Telephone Number)
Enclosed is a check for the following amount ma	de payable to the Floric	la Departme	nt of State:
□ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta	ee & \$\sumsymbol\$\$ \$43.75 Filing Fatus Certified Copy (Additional copenclosed)	y is	\$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		Clifton Buil	Section Corporations

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of State)	
N12000004262		
(Docum	ent Number of Corporation (if known)	
Pursuant to the provisions of section 617.100 amendment(s) to its Articles of Incorporation	06, Florida Statutes, this <i>Florida Not For Profit Corporation</i>	adopts the following
A. If amending name, enter the new name	e of the corporation:	
		The new
name must be distinguishable and contain th <u>"Company" or</u> "Co." may not be used in th	ne word "corporation" or "incorporated" or the abbreviation e name .	"Corp." or "Inc."
B. Enter new principal office address, if a		
(Principal office address <u>MUST BE A STR</u>		
C. Enter new mailing address, if applicat	ole:	
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX	
	-	8
		1 1
D. If amonding the peristand exert and/o	n negistaned office address in Florida autorate norma of the	14 OCT 15 PH 23 13
new registered agent and/or the new re	r registered office address in Florida, enter the name of the egistered office address:	<u> </u>
Name of New Registered Agent:		
		ِ س
_	(Florida street address)	
New Registered Office Address:		
_	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if chan		
nereby accept the appointment as registered	d agent. I am familiar with and accept the obligations of the	position.
 ;	Signature of New Registered Agent if changing	

Page 1 of 4

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 D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address (
1) Change	S and T	Helene Holst	10646 Grand Rivera
X_{Add}			Tampa, FL 33647
Remove			
2) Change	Treasurer	Janet Cordero	7646 Brookline Street
Add			Wesley Chapel, FL 33544
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Chause			
6) Change	 		<u> </u>
Add			
Remove			***

additional sheets, if necessary,	rticles, enter chan). (Be specific)		
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			<u> </u>

The date of each amendment(s) adoption: OCI. 13, 2014 date this document was signed.					
Eff	Effective date if applicable:				
	(no more than 90 days after amendment file date)				
Ado	option of Amendment(s) (<u>CHECK ONE</u>)				
	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 10/13/14				
	Signature The Topical				
	(By the chairman or vice charman 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)				
	Kristi Lefferts				
	(Typed or printed name of person signing)				
	President				
	(Title of person signing)				