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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Outreach NAME OF CORPORATION:	Autism Services Network		
N1200000428	30		
DOCUMENT NUMBER:	<del> </del>		
The enclosed Articles of Amendment and	fee are submitted for filing.		
Please return all correspondence concerni	ng this matter to the following:		
Karen Vega			
	(Name of Contact P	'erson)	
Outreach Autism Services Network			
	(Firm/ Compan	y)	
7634 SW 60th Avenue			
	(Address)		
Ocala, FL 34476			
	(City/ State and Zip	Code)	·
kvega@oasn.info			
E-mail address	: (to be used for future annual re	port notification	1)
For further information concerning this m	atter, please call:		
Karen Vega	a	352 t	462-0168
(Name of Co		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amo	ount made payable to the Florida	Department of	State:
☐ \$35 Filing Fee ■\$43.75 Fil Certificate	ing Fee & S43.75 Filing Fee e of Status Certified Copy (Additional copy enclosed)	Certifi is Certifi	O Filing Fee leate of Status led Copy lional Copy is used)
Mailing Address	Si	reet 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 Articles of Incorporation of

FILED 2022 NOV -4 AHII: 50

Outreach Autism Services Network

(Name of Corporation as currently filed with the Florida Dept. of State)
N12000004280
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The 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)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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:
(Florida street address)  New Registered Office Address:
(City) (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.
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 <math>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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change Add Remove	SD	BROOKE DILLIER	7634 SW 60th Avenue Ocala, FL 34476
2) Change Add	SD	PAULINA PELTOLA CANTON	7634 SW 60th Avenue Ocala, FL 34476
Remove 3 ) Change Add Remove			
4) Change Add			
Remove Change Add Remove			
6) Change Add		·	
E. If amending or addin (attach additional shee)		onal Articles, enter change(s) here: ssary). (Be specific)	
See attached			
		· · · · · · · · · · · · · · · · · · ·	

Amendments to
Articles of
Incorporation for
Outreach Autism
Services
Network Inc.
NI200004280
(Document
Number of

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

Corporation)

## Article III-PURPOSE

to its Articles of Incorporation:

Section 1. The purpose of OASN, organized as a non-profit organization, to facilitate the best outcomes for individuals with autism and related neuroimmune/neurodevelopmental disorders. This is accomplished by offering educational programs, services, support meetings, events and referrals to the individuals, families & caregivers served. All that we do is lead by faith and hope to impact our community in a positive way.

Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) or the corresponding section of any future federal tax code.

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		11-3-7022					
The date of each amendment date this document was signed.							_, if other than the
Effective date if anniicables	11-3-2022						
Effective date <u>if applicable</u> :	(no	more than 90	days after a	mendment file	date)	<u>.</u> .	
Note: If the date inserted in the locument's effective date on the	iis block does n	ot meet the ap	plicable stati	nory filing red	quirements, this c	date will not	be listed as the
Adoption of Amendment(s)	(C	CHECK ONE	<b>)</b>				

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

uopiuu oy iii o	ooard of directors.
Dated	11-3-2022
Signatu	ro Val
Organica	(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)
	Karen Vega
	(Typed or printed name of person signing)

(Title of person signing)