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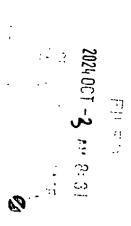
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September 16, 2024

KAREN VEGA 7634 SW 60TH AVE OCALA, FL 34476

SUBJECT: OUTREACH ALLIANCE SUPPORTING NEURODEVELOPMENT

INC.

Ref. Number: N12000004280

We have received your document for OUTREACH ALLIANCE SUPPORTING NEURODEVELOPMENT INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 224A00020775

Rebekah Lefeavers Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATE	Outreach Alliance St	apporting Neurod	evelopmer	nt .	
DOCUMENT NUMBER:	N12000004280				
The enclosed Articles of An	nendment and fee are sub	mitted for filing.			
Please return all correspond	ence concerning this matte	er to the following	g:		
Karen Vega					
		(Name of Contac	t Person)		
Outreach Alliance Supporti	ng Neurodevelopment				
		(Firm/ Comp	oany)		
7634 SW 60th Avenue					
	<u> </u>	(Address	s)		
Ocala, FL 34476					
		(City/ State and 2	Zip Code)		
kvega@oasn.info					
I	e-mail address: (to be used	for future annua	report no	tification	1)
For further information con-	cerning this matter, please	call:			
Karen Vege			352 at		462-0168
	(Name of Contact Person)		Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	ayable to the Flor	ida Depart	ment of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Copy (Additional co enclosed)	•	Certifi Certifi	D Filing Fee icate of Status ied Copy tional Copy is sed)
	Address ent Section of Corporations		Street Ag Amendm Division	ent Secti	

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

Outreach Alliance Supporting Neurodevelopment		
Name of Corporation as currently filed with the Flo	rida Dept. of State)	1
N12000004280		
(Document	Number of Corporation (if kno	own)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	prporation" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<i></i>	
		· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		enter the name of the
Name of New Registered Agent:		7 7
	(Flo	rida street address)
New Registered Office Address:		Shorida 65
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. I		he obligations of the position.
	Signature of New Register	red 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: X/Change X/Remove X/Add	PT John Do V Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>C</u>	James Dewar	7634 SW 60th Avenue Ocala, FL 34476
<u>r</u> Remove			
2) Change Add	<u>c</u>	Victor Martinez (was D now C)	7634 SW 60th Avenue Ocala, FL 34476
Remove 3) Change 4 Add Remove	<u>D</u>	Christopher Armentano	7634 SW 60th Avenue Ocala, Fl. 34476
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional she	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	
	· ·		
Add Remove 6) Change Add Remove Remove E. If amending or additions Remove	ng additional Art ets. if necessary).	icles, enter change(s) here: (Be specific)	

	ated 9-6-2024
S	(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)