

N120000006486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

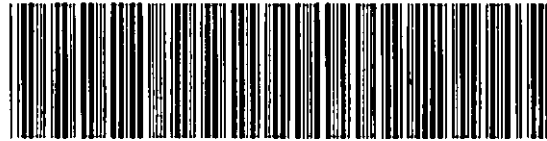
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
JAN - 7 2022

Office Use Only



700377015657

11/29/21--01011--025 \*\*35.10

FILED

2021 JAN 7 4 AM 11:31

SECRET  
INSTRUMENT OF SILENCE  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

20

20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 JAN -4 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FL

December 15, 2021

CHRISTINE RAYMOND  
2635 OLD OKEECHOBEE BLVD  
WEST PALM BEACH, FL 33409 US

SUBJECT: EXTRAORDINARY CHARITIES, INC.  
Ref. Number: N12000006486

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE INSERT YOUR TITLES ON PAGE THREE TO COMPLETE THE DOCUMENT.

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) 245-6050.

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 621A00030313

Articles of Amendment  
to  
Articles of Incorporation  
of

Extraordinary Charities, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N12000006486

(Document Number of Corporation (if known))

FILED

2021 JAN -6 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FL

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

A. If amending name, enter the new name of the corporation:

*The new 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:

\_\_\_\_\_, Florida  
(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

(attach additional sheets, if necessary). (Be specific)

☒ 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 October 27, 2021

Signature Christine Raymond  
(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)

Christine Raymond  
(Typed or printed name of person signing)

Director - Secretary  
(Title of person signing)