N12000008679

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 26, 2015

YOUTH AND COMMUNITY OUTREACH INC 4990 W IRLO BRONSON HWY KISSIMMEE, FL 34746 US

SUBJECT: YOUTH AND COMMUNITY OUTREACH, INC.

Ref. Number: N12000008679

We have received your document for YOUTH AND COMMUNITY OUTREACH, 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):

You must fill out the last page of the document. You did not even include page 4. We have to have the complete form filled out. Page 4 is the signature and adoption of the amendment.

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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 915A00013505

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: YOUTH AND COMMUNITY OUTREACH, INC				
DOCUMENT NUMBER: N 12000008679				
The enclosed Articles of Amendment and fee are submitted for filling.				
Please return all correspondence concerning this matter to the following:				
WAFAN ALKHATEEB				
(Name of Contact Person)				
YOURH AND COMMUNITY OUTREACH INC.				
YOUTH AND COMMUNITY OUTREACH INC. (Firm/Company)				
4990 W. IRLO BRONSON HWY				
(Address)				
KISSIMMEE, FI 34746				
KISSIMMEE, FL 34746 (City/State and Zip Code)				
IMAMABUFARAH@GMAIL. COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
HELMI ELAGHA at 321 948 9958				
(Name of Contact Person) (Area Code) (Daytime Telephone Number)				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is Enclosed)				

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation of

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Y	DUTH	AND	COMMUNITY	DUTREACH	INC
		(Name of	Corporation as current	ly filed with the Flo	rida Dept. of State)
			N 120000	08699	
			(Document Number	r of Corporation (if k	(nown)
Pursuant to the prainendment(s) to				s, this <i>Florida Not F</i> o	or Profit Corporation adopts the following
A. <u>If amending</u>	name, ent	er the nev	v name of the corporation	<u>on:</u>	
					The new
				ion" or "incorporate	d" 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)	4990 W	- IRLO BRONSON ITWY			
	KISSIMA	IRLDIZRONSON HWY MEE FL 34746			
C Enton now -	م مطالمه	daes ita	anliachto.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>4990 W</u>	1. IRLO BRONSON HWY			
	KISSIM	MEE FL 34746			
D. <u>If amending</u>	the regist	ered agen	t and/or registered offic	e address in Florida	, enter the name of the
new register	ed agent a	nd/or the	new registered office a	ddress:	
	Name of	New Regis	stered Agent:		
	New Re	gistered C	ffice Address:	(i	Florida street address)
					, Florida
				(City)	(Zip Code)
New Registered I hereby accept to	Agent's S he appoint	ignature. Iment as re	if changing Registered egistered agent. I am far	Agent: niliar with and accep	ot the obligations of the position.
			Si	anature of New Real	stered 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	V Mik	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u> </u>	SHOAIB SIDDIQUI	ORLANDO FL 32836
2) X Change Add Remove	<u> P</u>	WAFAA ALKMATEEB	4990 W.IRLO BRONSON HWI KISSIMMEE FL 34746
3) Change Add Remove	_ <u>D</u>	AHMED FARYQUI	ORLANDO PL 32836
4) Change Add Remove		SHAHZAD SIDDIGUI	11057 HONEY TREE CT ORLANDO PL 32-836
5) Change Add Remove	S	GEORGE PARRIS	225 KATHERINE DR JEPFERSON GA 30549
6) Change Add Remove			

	additional Articles, enter change if necessary). (Be specific)	<u> </u>	
BOARD RE	A ZAW NOITUJOZZ	DOPTED IMPLEMENTI	NG THE
	EFFECTIVE IMME		
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Helm.	ALKhateeb 21 Agha 2 PAllys	1) Dresidal	
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The date of each amendment(s) adoption: date this document was signed.	6/1	20015	SHORET, OIVISIBN D	if other than the FILED ARY OF STOTE FIEDREEALTERS
Effective date <u>if applicable</u> : (no		after amendment file da	te)	10 AMII: 15
Adoption of Amendment(s)	EHECK ONE)			
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the	e number of votes east fo	or the amendment(s)	
There are no members or members entitle adopted by the board of directors.	led to vote on the am	endment(s). The amend	ment(s) was/were	
Dated Sometime	+ 115			
(By the chairman or v	ed, by an incorporator	oard, president or other r – if in the hands of a re uciary)		
W-	A-FAA	ALKHAT	TEEB	
(III) ped o	or printed name of pe	Geolo Presida	*	