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(Requestor's Name)	
(Address)	—
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NAME OF CORPORATIO	INTERNATIONAL :	STREET OUTREAC	CH CORPORA	TION
DOCUMENT NUMBER: _	N12000009611			
The enclosed Articles of Amo	endment and fee are subm	nitted for filing.		
Please return all corresponde	nce concerning this matter	r to the following:		
JOSE ABRAHAM				
		(Name of Contact Pe	rson)	
		(Firm/ Company)	
5940 NW 16TH PLACE	0149 Oa	k Mead	ow L	n.
		(Address)		
SUNRISE, FLORIDA 3231	Lake W	forth,	FL. 3	3449
	((City/ State and Zip C	Code)	
Е-	mail address: (to be used	for future annual rep	ort notification)
For further information conce	erning this matter, please o	eali:		
TONY KOWLESSAR		al	954	410-4321
	Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	vable to the Florida D	Department of	State:
S35 Filing Fee	□\$43.75 Filing Fee & I Certificate of Status		Certifi Certif	0 Filing Fee icate of Status ied Copy tional Copy is sed)

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

INTERNATIONAL STREET OUTREACH CORP		
(Name of Corporation as current)	y filed with the Florida Dept. of State)	
N12000009611		
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statutes imendment(s) to its Articles of Incorporation:	i, this <i>Florida Not For Profit Corporation</i> ado	pts the following
A. If amending name, enter the new name of the corporation	on:	
INTERNATIONAL STREET OUTREACH & COMMUNITY	Y DEVELOPMENT CORPORATION	The new
name must be distinguishable and contain the word "corporati" (Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "C	Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		二次 (35
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		200 5
		<u>ω</u>
D. If amending the registered agent and/or registered offic	ce address in Florida, enter the name of the	
new registered agent and/or the new registered office a	ddress:	
Name of New Registered Agent:		
Name of New Registered Agent.		
	(Florida street address)	
New Registered Office Address:		
	, Florida	
	(City) (Zip C	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent	osition.
	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 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 Do Mike Jo Sally Sn	<u>nes</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change		_		-	<u> </u>
Add					
Remove				-	
2) Change		_			
Add					·-
Remove					
3) Change					
Add					
Remove					
4) Change		_		-	
Add					
Remove					
5) Change					
Add					
Remove					
6) Chance					
6) Change				•	
Add Remove				,	
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ttach additional sheets, if necessary).	(Be specific)						
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The	JANUARY 30, 2018 date of each amendment(s) adoption:	, if other than the
	his document was signed.	
Effe	tive date if applicable:	
	(no more than 90 days after amendment file date)	
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.	be listed as the
Ado	otion 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 2/3/18	
	Signature /an Hindus	
	(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)	
	JOSE ABRAHAM (Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	