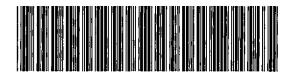
## N130000007191

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)	· <u> </u>	
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of State	ns	
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ABLAS CORPOLATOR

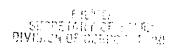
NOV 2 4 2015 C LEWIS

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	TREACH: HEALTH, TOUCH & HEAL INC			
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are sub	omitted for filing.			
Please return all correspondence concerning this matt	ter to the following:			
PATRICIA ROMANIUK				
	(Name of Contact Person)			
COMMUNITY OUTREACH: HEALTH, TOUCH &	& HEAL INC			
	(Firm/ Company)			
1689 NE 123RD ST				
	(Address)			
NORTH MIAMI FLORIDA 33181				
	(City/ State and Zip Code)			
communityoutreach.co@gmail.com				
E-mail address: (to be used	d for future annual report notification)			
For further information concerning this matter, please	e call:			
PATRICIA ROMANIUK	(305) 793-2551			
(Name of Contact Persor				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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			

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



COMMUNITY OUTREACH: HEALTH, TOUCH & HEAL INC

15 NOV 23 PH 12: 29

(Name of Corporation as co	urrently filed with the Flori	ida Dept. of State)
N13000007191		
(Document 1	Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida S 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 corp	poration:	
		The new
name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name.	rporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	\rac{1}{2}	
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>(ESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	}	
(MALLOS MALLOS OF LOS OF LOS		
D. If amending the registered agent and/or registered	d office address in Florida,	enter the name of the
new registered agent and/or the new registered of	ffice address:	
Name of New Registered Agent:		
Nov. Bookson J Office Address	(Flo	orida street address)
New Registered Office Address:		
		, Florida(Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis		
I hereby accept the appointment as registered agent. I	am familiar with and accept	the obligations of the position.
	Signature of New Regist	ered 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 A Add	<u>v</u> ]	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<del></del>		
Add			
Remove			
2) Change			 
Add			
Remove			
3) Change			 
Add			100
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Add Remove			
6) Change			 
Add			
Remove			1.00

(attach additional sheets, if necessary). (Be specific)
Purpose and dissolution clause:
Said organization 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 that qualify as exempt
organizations described under Section 501(c)(3) of the Internal Revenue Code, or corresponding section
of any future federal tax code.
Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of
Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be
distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed or
shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the organization is
then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are
organized and operated exclusively for such purposes.
•
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• •	11/18/15	
The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
Effective date <u>if applicable</u> :		MAN A LEST A COM
	(no more than 90 days after amendment file date)	15 NOV 23 PM 12: 20
Note: If the date inserted in this block document's effective date on the Department.	t does not meet the applicable statutory filing requirements, rtment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the a	mendment(s)
There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment(s)	) was/were
Dated 11/18/15	2 5	
Signature X Kath	isue Komanuk	
have not been	an or vice chairman of the board, president or other officer selected, by an incorporator – if in the hands of a receiver, pointed fiduciary by that fiduciary)	
PATRICIA	ROMANIUK	
<del></del>	(Typed or printed name of person signing)	
PRESIDE	٧T	
*- *	(Title of person signing)	