N14000007446

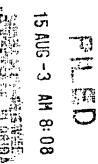
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Northeast Lake Comr	munity Outreach Inc	c.		ن · ن
DOCUMENT NUMBER:	N14000007446				o d
The enclosed Articles of Am	nendment and fee are subm	nitted for filing.			
Please return all corresponde	ence concerning this matter	r to the following:			
Robert Gross					
		(Name of Contact P	Person)		
Northeast Lake Community	Outreach				
		(Firm/ Compan	ıy)		
31039 Lake Mack Road					
		(Address)			
Deland, FL. 32720					
**************************************	((City/ State and Zip	Code)		
E	-mail address: (to be used	for future annual re	port notific	eation)	
For further information conc	erning this matter, please (call:			
Robert Gross		o	386 t	235-5714	
	(Name of Contact Person)		(Area Co	de) (Daytime Teleph	one Number)
Enclosed is a check for the f	ollowing amount made pay	yable to the Florida	Departmen	nt of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	is C	52.50 Filing Fee Certificate of Status 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 rticles of Incornorati

Arti	cles of Incorporation		
(Name of Corporation as cur	of COMA	nunity Outreach	INC.
\\/\langle of Corporation as cur	0000074		
(Document Nu	umber of Corporation (i	·········	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:		For Profit Corporation adopts the fol	lowing
A. If amending name, enter the new name of the corpo	ration:		
	. 0 . (1)		ne new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorpora	ited" or the abbreviation "Corp. For "	inc.
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	(88)		
		<u>. </u>	
	.	- 100 to	1 5
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			<u>الله الله الله الله الله الله الله الله</u>
		944 - 12 - 12 - 12	
			<u> </u>
D. If amending the registered agent and/or registered	office address in Flori	da, enter the name of the	8
new registered agent and/or the new registered offi			the t
Name of New Registered Agent:			
New Registered Office Address:		(Florida street address)	
New Negisletea Office Address.			
	(City)	, Florida (Zip Code)	
		(Lip coup)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I am	red Agent: n familiar with and acc	ept the obligations of the position.	
	Signature of May De	gistanad Agant if changing	
	signature oj wew ke	gistered 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 Sr	ones ·	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) <u>MA</u> Change Add Remove		_	<u></u>	
2) <u>NA</u> Change Add Remove		_		
3) <u>MA</u> Change Add Remove		_		
4) <u>NA</u> Change Add Remove				
5) <u>NA</u> Change Add Remove	-		·	
6) NA Change Add Remove				

E. If amending or additional Articles, enter change(s) here: (artach additional sheets, if necessary). (Be specific) Said organization is organized for charitable and education purposes, including, for such purposes, the making of distributions to 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 public purpose. Any such assets not disposed of shall be disposed of by a court of competent jurisdiction in the county in which the principle 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.

	date of each amer this document was	dment(s) adoption: NA		, if other than the
	ctive date <u>if appli</u>	able: NA	s after amendment file date)	· · · · · · · · · · · · · · · · · · ·
		d in this block does not meet the applicate on the Department of State's records.	ble statutory filing requirements, this date will not	be listed as the
Adoj	ption of Amendme	nt(s) (<u>CHECK ONE</u>)		
	The amendment(s) was/were sufficient		ne number of votes cast for the amendment(s)	
	There are no mem adopted by the bo		nendment(s). The amendment(s) was/were	
	Dated	7/31/2015		
	Signature	Ry the chairman of the	board, president or other officer-if directors	
		. •	or – if in the hands of a receiver, trustee, or	
		Robert Gross		
		(Typed or pri	nted name of person signing)	
		Treasurer		
		(1	(itle of person signing)	