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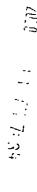
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COVER LETTER

Division of Corporations	
NAME OF CORPORATION: NOTHINGS	t Lake Community Outroach, Inc.
DOCUMENT NUMBER: <u>N14000007</u>	446
The enclosed Articles of Amendment and fee are submitt	ed for filing.
Please return all correspondence concerning this matter to	o the following:
Lauren E. Wyte	ame of Contact Person)
Northeast lake Commu	,
31039 Lake Mack Rd	- (Address)
Deland, FL 32720	ity/ State and Zip Code)
E-mail address: (to be used fo	r future annual report notification)
For further information concerning this matter, please cal	ii:
Cauren Wytrosch (Name of Contact Person)	at (407) 725-0000
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made paya	ble to the Florida Department of State:
Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327

TO: Amendment Section

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

of

Northeast Cake Community Outreach, T (Name of Corporation as currently filed with the Florida Dept. of State)	15.
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profi</i> amendment(s) to its Articles of Incorporation:	t Corporation adopts the following
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 th "Company" or "Co." may not be used in the name.	e abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u></u>
(Frincipul office undress STOST BE A STREET ADDRESS)	29
	زي
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	-1
	ــــــــــــــــــــــــــــــــــــــ
D. If amending the registered agent and/or registered office address in Florida, enter new registered agent and/or the new registered office address:	the name of the
Name of New Registered Agent: Louren Wytrus	al
43832 Coxter Pond	Pd eet address)
<u>New Registered Office Address</u> :	
<u> Peland</u> (City)	Florida <u>32720</u> (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 obtained agent.	ligations of the position.
Sunature of New Registered A	weet 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>Doe</u> : Jones : Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	5	Stephanie Perry	42133 Ash Ave. Deland, FC 32720
Remove			
2) Change Add	DI	Robert Gross	3/621 Lawside Dc paland, FL 32720
Remove Change Add Remove	<u>S</u> _	Jessica Moss	44521 Forest V.cw Rd Deland, Fi 32720
4) Change Add	工	Lauren Wytnesal	43832 Cooter Port Roman
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or ad (attach additional sa		Articles, enter change(s) here: ·). (Be specific)	

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The date of each amendment(s) adoption:	Tul. 14 2020	12.4
I ne date of each amendment(s) adoption:	2004 1712020	, if other than the
date this document was signed.		
Effective data if a = 1:= 11 .	re than 90 days after amendment file date)	
Effective date if applicable:	The star of days after amondment (2) and	
(no me	ore man 30 days after amenament fite date)	

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)



The amendment(s) was/were adopted by the members and the number of votes east 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 9/30/2020
Signature (By the chairman or vice chairman of the board, president of 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)
(Typed or printed name of person signing)
Treasurer (Title of person signing)