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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	Central Florida Com ON:	imunity News Inc.		
DOCUMENT NUMBER:				
The enclosed Articles of Ar	nendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this matt	er to the following:		
Megan Stokes				
		(Name of Contact P	erson)	
Central Florida Community	News Inc.			
	- · - ··	(Firm/ Compan	y)	
429 Canary Island Court				
		(Address)		
Orlando, Florida 32828				
		(City/ State and Zip	Code)	
contact@oviedocommunity	news.org			
	E-mail address: (to be used	for future annual re	port notificatio	n)
For further information con	cerning this matter, please	call:		
Megan Stokes		at	724	880-2578
· -	(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	ayable to the Florida	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certit is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)

Mailing Address

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

Street Address

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

Articles of Amendment to Articles of Incorporation of

FILED

Central Florida Community News Inc.

2022 HAR 28 AM 10: 41

(Name of Corporation as currently filed with the	Florida Dept. of State)	SECRE VIN STATE
85-4381643		SECRE: (7.0. STATE TALLAHASSEE, FL
(Docume	ent Number of Corporation (il	
Pursuant to the provisions of section 617,1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not	For Profit Corporation adopts the following
A. If amending name, enter the new name of the N/A	corporation:	Thann
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.		The new ted" or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicab	N/A	
(Principal office address <u>MUST BE A STREET AL</u>		
	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<i>OX</i>) N/A	· ·
	N/A	
	N/A	1
D. If amending the registered agent and/or regist new registered agent and/or the new registered		la, enter the name of the
	N/A	
	N/A	
- <u>New Registered Office Address:</u>	· · · · · · · · · · · · · · · · · · ·	(Floridu street address)
	N/A	Florida N/A
-	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.		pt the obligations of the position.
	Signature of New Pea	istered Avent, if chanving

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; CE() = 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>Y</u> <u>SV</u>	John Doe Mike Jon Sally Smi	<u>es</u>	
Type of Action (Check One)	<u>Title</u>	<u>ì</u>	<u>Name</u>	Address
1) Change Add	AR	_ <u> </u>	Jonathan Gallagher	1626 ROOSEVELT AVENUE AP/ ORLANDO, FL 32804
× Remove				
2) Change Add	AR		Christopher Jepson	783 Temple Terrace Oviedo, Fl 32765
Remove 3) Change Add Remove			<u>. </u>	
4) Change Add			·····	
Remove				
5) Change Add				
Remove				
6) Change Add				
Remove				
E. If amending or addit (attach additional shee			es, enter change(s) here: (Be specific)	
Article 3: The specific pu	rpose for	which this	corporation is organized is to educate and i	nform residents of Oviedo and
Winter Springs about dec	isions bei	ng made b	v their local governments that impact their c	faily lives. Journalists in our
organization attend local	governme	nt meeting	es, write about what happens and publish the	information digitally.

•	
·	
	
	
	
	
	N/A
The date of each amendment(s) addate this document was signed.	loption: N/A, if other than the
Effective date if applicable: N/A	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes east for the amendment(s)

D. J. J.	3-7-22
Dated	
Signatu	T MATORIA
	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Megan Stokes
	(Typed or printed name of person signing)

(Title of person signing)