## N21000013525

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

ReclessLove Outreach Inc.		
NAME OF CORPORATION:		<u> </u>
N21000013525		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are submitted for fi	ling.	
Please return all correspondence concerning this matter to the foll	owing:	
Omichele D. Gainey		
(Name of C	Contact Person)	
(Firm/	Company)	
PO Box 5056		
(Ac	ddress)	
Gainesville, FL 32627		
(City/ State	and Zip Code)	· · · · · · · · · · · · · · · · · · ·
connect@rehobothec.org		
E-mail address: (to be used for future a	nnual report notification	n)
For further information concerning this matter, please call:		
Omichele D. Gainey	352-559-5904	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the	·	State:
■ \$35 Filing Fee	iling Fee & □\$52.5	0 Filing Fee

Certified Copy

enclosed)

(Additional copy is

Mailing Address

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

Certificate of Status

Street Address

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

Certificate of Status

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Certified Copy

Enclosed)

## Articles of Amendment to Articles of Incorporation of

FILED

REClessLove Outreach, Inc. 2022 JAN 27 PM 4: 17 (Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE
TALLAHASSEE, FL N21000013525 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006. Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp," or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: \_\_\_. Florida \_\_\_ (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 obligations of the position.

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 = ChiefExecutive 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	PT John Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change Add	<u></u>		
Remove			
2) Change Add	<del></del>		
Remove 3 ) Remove			
4) Change Add			
Remove			
5) Change Add	<del></del>		
Remove			
6) Change Add	<del></del>		
Remove			
F. If amending or add (attach additional she	ing additional At eets, if necessary).	rticles, enter change(s) here: (Be specific)	
Arcticle III - Purpose			
To lovingly provide for the ta	ngible needs of others	regardless of faith, age, gender, gender identity, LGBTQA	+, ethnicity
or natural origin. Our purpose	e is to serve as a charit	able organization in the community, providing clothing, fo	od, mentoring
and to partner with local orga	nizations to redistribut	te goods donated to us based on individual need.	

Article IX - Dissolution	
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 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.	<del> </del>
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	

Note: 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 cast for the amendment(s) was/were sufficient for approval.

	January 24, 2022
Dated	
Signature	anicheen Often
(	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)
	Omichele D. Gainey
	(Typed or printed name of person signing)