N21000014075

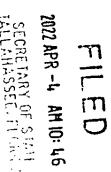
(Re	equestor's Name)	
(Ad	ldress)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	COMMUNITY OU	TREACH EVANG	ELIS!	M TEAM, I	NC	
N21	000014075					
DOCUMENT NUMBER:						
The enclosed Articles of Amenda	nent and fee are sub-	mitted for filing.				
Please return all correspondence	concerning this matt	er to the following:				
SUZANNE ISAAC						
_ .		(Name of Contact	Perso	n)		
		(Firm/ Compa	ny)			
P.O. BOX 742111						
		(Address)				
BOYNTON BEACH, FL 33474						
		(City/ State and Zip	p Cod	e)		
Communityoutreach4GOD@Gm	ait.com					
E-mai	address: (to be used	f for future annual r	eport	notification)	
For further information concerning	g this matter, please	call:				
Suzanne Isaac		٤	56 at	1	577-5097	
(Nап	ne of Contact Person			rea Code)	(Daytime Telephone Num	iber)
Enclosed is a check for the follow	ring amount made pa	ayable to the Florida	a Dep	artment of S	State:	
□ \$35 Filing Fee □\$4	43.75 Filing Fee & ertificate of Status	■\$43.75 Filing Fe Certified Copy (Additional copy enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Addre	<u>ss</u>	<u>s</u>	treet	Address		

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

COMMUNITY OUTREACH EVANGELISM TEAM	I, INC	FACE	m2 1
(Name of Corporation as currently filed with the Flo	orida Dept. of State)		3 3
N21000014075		And State	
(Document	Number of Corporation (if kr	iown) ri	文 写 是
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo.	r Profit Corporation adopts the	
A. If amending name, enter the new name of the co	rporation:	•) 4 mm - C
			The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated	" or the abbreviation "Corp." o	or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0		
	_	_	
			•
D. If amonding the projection of any time to	1 67		
 If amending the registered agent and/or registered new registered agent and/or the new registered or 	ffice address in Florida,	enter the name of the	
Name of New Registered Agent:			
- Indiana Carigara			
	(Flo	rida street address)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept t	he obligations of the position.	
	Signature of New Register	red 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	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
Change X Add	<u>T</u>	CLIVE A. BROOKS	5017 ELPINE WAY Palm BCH Gardens, FL 33418
Remove			
2) Change Add	<u>T</u>	SUZANNE A. ISAAC	5017 ELPINE WAY WEST PALM BEACH, FL 33418
X Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add			
E. If amending or addin (attach additional shee	g additional Arti	cles, enter change(s) here: (Be specific)	
	-		

•		
		
		
		
		
		
		
		
date this document was signed.	1:	if other than the
Effective date if applicable:	1. 2022	
(1. 2022 (no more than 90 days after amendment file date)	
	s not meet the applicable statutory filing requirements, this date will not be	listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

×	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 3/28/2022
	Signature Date Day
	(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)
	,,,
	$\frac{1}{2}$
	Larrice Sicar Havis
	(Typed or printed name of person signing)
	(Typed of printed flattle of person signing)
	Director
	(Title of person signing)