N22000011068

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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COVER LETTER

TO: Amendment Section Division of Corporations

1.

NAME OF CORPO	PRATION: Shooting Stars Inc						
	IBER: N22000011068		· · ·				
	s of Amendment and fee are su	bmitted for filir	ıg.				
Please return all corr	espondence concerning this ma	tter to the follow	ving:				
	Claude Tucker						
	Name of Contact Person						
	Shooting Stars Outreach Inc.						
	Firm/ Company						
	4654 NE 14TH PL.						
	Address						
	Ocala Fl 34470						
		City/ State a	nd Zip Cod	2			
	shootingstarsoutreach@gmai	l.com					
	E-mail address: (to be us		nual report	notification)			
For further informati	on concerning this matter, plea		352	454-6055			
	of Contact Person	at (_	Area Co	de & Daytime Telephone Number			
	for the following amount made	payable to the F		•			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified C (Additional enclosed)	ору	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ar Di P.o	niling Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314		Amend Division The Control	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303			

Articles of Amendment to Articles of Incorporation of

•. • • •

Shooting Stars Inc.		
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
N22000011068		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
Shooting Stars Outreach Inc		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must	
B. Enter new principal office address, if applicable:		202
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		-3 ==
		
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 ad	dress in Florida, enter the name of the	
new registered agent and/or the new registered office addre		
Name of New Registered Agent		
		
(Florida)	street address)	
,	,	
New Registered Office Address:	(Citv), Florida	(Zip Code)
	(6.9)	(Lip Cour)
New Registered Agent's Signature, if changing Registered Ager	nt:	
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the pos	ition.
Sionature of New	Registered Agent, if changing	
	negation is manging	
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change \underline{PT} John Doe X Remove Y Mike Jones X Add <u>SV</u> Sally Smith <u>Title</u> Address Type of Action <u>Name</u> (Check One) D.S SHANTEL TUCKER 4654 NE 14TH PL. 1) ____ Change OCALA FL. 34470 Add X Remove 2) X Change VANESSA TUCKER 4654 NE 14TH PL. Sec OCALA FL. 34470 ____ Add ___ Remove 4654 NE 14TH PL. Тге VANESSA TUCKER 3) ____ Change X __ Add OCALA FL. 34470 ___ Remove BM RENA DAY 4654 NE 14TH PL. 4) Change $X_{\perp} = Add$ OCALA FL. 34470 ____ Remove 5) X _ Change CLAUDE TUCKER 4654 NE 14TH PL. Presiden OCALA FL. 34470 __ Add __ Remove **CHRIS CURTIS** VP 4654 NE 14TH PL. 6) ____ Change OCALA FL. 34470 X Add Remove

1.

The date of each amendment(s) adoption: May 1st, 2024	f other than the
date this document was signed.	
Effective date if applicable: May 1st, 2024	
(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 document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shar action was not required.	eholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by Board of Directors	
(voting group)	
Dated May 1st. 2024	
Signature Claude Licken	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
CLAUDE TUCKER	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

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