## N23 000000 7596



(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600433962946

08/26/24--01001--017 **28\***1:.00

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

THE REACHOUT NAME OF CORPORATION:	PROJECT INC	
N23000007596 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are sul	abmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
EMMANU	Name of Contact Person)	
	ent Project USA INC,	
	(Firm/Compan®)  Lem t  (Address)	
	(Address)  Le FL 3230/ (City/State and Zip Code)	
For further information concerning this matter, pleas		
KLENNOTTIS BA	at 850 - 543 - 7655 (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made	payable to the Florida Department of State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		
Mailing Address Amendment Section	Street Address Amendment Section	
Division of Corporations	Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

THE REACHOUT PROJECT INC

(Name of Corporation as currently filed with the Florida 1	Dept. of State)	
N23000007596		
(Document Numb	er of Corporation (i	known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not	For Profit Corporation adopts the follow
A. If amending name, enter the new name of the corporat REACHOUT PROJECT USA INC	ion:	The n
name must be distinguishable and contain the word "corporate	tion" or "incorpora	
"Company" or "Co." may not be used in the name.	NI/A	
B. Enter new principal office address, if applicable:	N/A	20
(Principal office address MUST BE A STREET ADDRESS	)	21,
		.024 51
C. Enter new mailing address, if applicable:	N/A	골
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		<del></del>
D. If amending the registered agent and/or registered office		la, enter the name of the
new registered agent and/or the new registered office a	<u>ddress:</u>	
N/A		
Name of New Registered Agent:		
		(Florida street address)
New Registered Office Address:		, , , , , , , , , , , , , , , , , , , ,
- Control of the Cont		
		Florida
	(City)	(Zip Code)
	• • •	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: miliar with and acce	pt the obligations of the position.
Si	gnature of New Reg	istered 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
1) Change Add		<u>N/A</u>	
Remove			
2) Change Add			
Remove 3 ) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti ts, if necessary).	icles, enter change(s) here: (Be specific)	
<del></del>	<u> </u>	· <u>-</u> -	
			<u>-</u>

•	
	<del></del>
	<del></del>
	<del></del>
	<u> </u>
<u> </u>	
The date of each amendment(s) adoption:  date this document was signed.	, if other than the
Effective date if applicable:	
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 document's effective date on the Department of State's records.	ate will not be listed as the
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.

又	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 8-13-24
	Signature  (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)
	(Typed or printed name of person signing)
	(Title of person signing)