## N23000014793

(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



900419925219

mend



A. F. 13 2023



TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624 PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$35.00 AUTHORIZATION SIGNATURE: \_\_\_\_ Juntal Access Outreach Community Resources Inc. **BUSINESS** Document # Pick up time \_\_\_\_ Walk in Mail out Will wait Photocopy Certified Copy **Certificate of Status NEW FILINGS** <u>AMMENDMENTS</u> X Amendment Profit Resignation of R.A. Officer/Director Not for Profit Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Merger Other Conversion CORP REGISTERATION/QUALIFICATIONS **OTHER FILINGS** \_\_\_ Foreign filing Annual Report \_\_\_Limited Partnership \_\_\_ Reinstatement Fictitious Name Other APOSTIL ( ) \_\_\_\_\_\_ Country

FLORIDA-CAPITAL COURIER SERVICES, INC

• 2330 CLARE DRIVE

EXAMINER'S INITIALS:\_\_\_\_\_

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

## ACCESS OUTREACH COMMUNITY RESOURCES INC.

NAME OF CORPORATION:	
N23000014793	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this m Noel Perez	atter to the following:
	(Name of Contact Person)
ACCESS OUTREACH COMMUNITY RESOURCE	CES INC
	(Firm/ Company)
2415-I W SAND LAKE RD	
	(Address)
ORLANDO, FL 32809	
	(City/ State and Zip Code)
javier@prosolusa.com	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Javier Rodríguez	407 666-7559
(Name of Contact Pers	
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu	

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

ACCESS OUTREACH COMMUNITY RESOURCES INC

2023 DEC 12 PM 12 24

Name of Corporation as currently filed with the Florida	Dept. of State)	A CONTROL OF STATE	
N23000014793			
(Document Numb	per of Corporation (if k	(nown)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not Fo</i>	or Profit Corporation adopts the fol	lowing
A. If amending name, enter the new name of the corpora	tion:		
			he new
name must be distinguishable and contain the word "corpord "Company" or "Co." may not be used in the name.	ition" or "incorporate	ed" or the abbreviation "Corp." or '	"Inc."
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 of	fice address in Florida	a, enter the name of the	
new registered agent and/or the new registered office	audress.		
Name of New Registered Agent:			
	. 6	(Florida street address)	
New Registered Office Address:			
	(Cr. )	, Florida (Zip Code)	
	(City)	(Zip) Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am j	d Agent: familiar with and accep	pt the obligations of the position.	
	Signature of New Regi	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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add		_	
Remove			
6) Change Add	<u> </u>		
Remove			
F If amending or addi (attach additional she	ng additi ets, if nec	onal Articles, enter change(s) here: essary). (Be specific)	
Please add the following:			
Upon the dissolution of the org	ganization, a	ssets shall be distributed for one or more exempt purposes within th	e
meaning of Section 501(e)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.			
		iment, or to a state or local government, for a public purpose. Any s	
assets not disposed of shall be disposed of by a court of competent jurisdiction in the county in which the principal			

office of the organization is then located, exclusively for	r such purposes or to such organization or organiza	ations, as	
said Court shall determine, which are organize	zed and operated exclusively for such pu	irposes.	
			<del></del>
			<del></del>
		· · · · · · · · · · · · · · · · · · ·	
		<u> </u>	
			<del></del>
			<del></del>
			<del></del>
	<del></del>		
			-
	12/11/2023		if ash as then the
The date of each amendment(s) adoption date this document was signed.	·		_, ii omer man me
Effective date if applicable:			
(	no more than 90 days after amendment	file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing nt of State's records.	requirements, this date will not	oe 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 vote	s 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.					
	12/11/2023					
	Signature / Wheelers					
	(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)					
	Noel Perez					
	(Typed or printed name of person signing)					
	Director					
	(Title of person signing)					