N23000015166

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

Office Use Only



300424292483

02/23/24--01002--007 **142.50

RECEIVED

14

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

SAINT CLO NAME OF CORPORATION:	UD COMMUNITY MISSION, II	NC.
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
PEDRO INFANTE, DIRECTOR		
	(Name of Contact Person	
SAINT CLOUD COMMUNITY MISSION, I	NC.	
-	(Firm/ Company)	
1633 E. VINE STREET		
	(Address)	
ISSIMMEE. FL 34744		
	(City/ State and Zip Code	2)
E-mail address; (to	be used for future annual report i	notification)
For further information concerning this matter	, please call:	· · · · · · · · · · · · · · · · · · ·
PEDRO INFANTE, DIRECTOR	31	
(Name of Contact	Person) (Ar	ea Code) (Daytime Telephone Numbe
Enclosed is a check for the following amount	made payable to the Florida Depa	artment of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing I Certificate of \$		■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SAINT CLOUD COMMUNITY MISSION, INC.

Name of Corporation as currently filed with the Flor	ida Dept. of State)	
N23000015166		
(Document A	Sumber of Corporation (if known))
Pursuant to the provisions of section 617,1006, Florida Sumendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For Pro	fit Corporation adopts the following
A. If amending name, enter the new name of the corp	ooration:	
		The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorporated" or i	the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDR</u>	ESS)	
		·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Mailing dualess MAT BE A FOST OFFICE BOX)	·	
). If amending the registered agent and/or registered		r the name of the
new registered agent and/or the new registered of	fice address:	
Name of New Registered Agent:	=-	
New Registered Office Address:	(Florida s	treet addressr
New Registered Office Address.		
	(City)	, Florida (Zip Code)
	• •	(Day Cont.)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I a		bligations of the position.
	Signature of New Registered 2	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 D Mike Jo Sally S	ones		
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	<u></u>	_			, -
Remove					
6) Change Add		_	·		
Remove					
E. If amending or addi (attach additional she			icles, enter change(s) here: (Be specific)		
This Amendment clarific	es the effe	ctive dat	e that the Florida Non-Profit Corporation SA	INT CLOUD COMMUNITY	
MISSION, INC. began t	ransaction	of busin	ness of the Company at the time of incorporati	on as opposed to its online filings	
with the Florida Dept of	State, Div	ision of	Corporations. On November 30, 2023 incorp	oratirs appointed direcotrs, officers.	
commeened business as	a non-pro	tit organi	ization in Florida, See, Exhibit A of this Ame	endment. The incorproators directed	
company staff to chase t	o be filed	all neces	sary registrations with the Dept. of State imm	ediately and immiediately incurred	

The date of each amendment(s) adoption:	12/19/2023	 f other than th
date this document was signed.		
December 1.1	2023	

Effective date if applicable:

December 14, 2023

(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.