

N 24 000000 210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

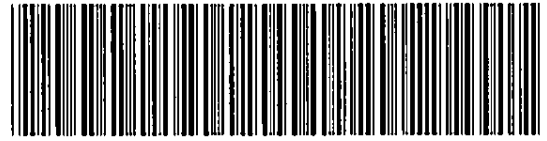
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MANDELAH'S HEALTH OUTREACH INC.

DOCUMENT NUMBER: N2400000210

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PARRIS BRADY

(Name of Contact Person)

MANDELAH'S HEALTH OUTREACH INC.

(Firm/ Company)

5895 NW LEAH DRIVE

(Address)

PORT SAINT LUCIE FLORIDA 34986

(City/ State and Zip Code)

MANDELAHSHO@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PARRIS BRADY

772

6781177

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|

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

MANDELAH'S HEALTH OUTREACH INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N2400000210

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

_____ The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp" or "Inc."
"Company" or "Co." may not be used in the name

B. Enter new principal office address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Florida

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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TALLAHASSEE, FL

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>BRADY, PARRIS, C.</u>	<u>7315 VIENTA POINT</u> <u>GRAND PRAIRIE, TX 75054</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>CLARKE, STOCKLEY S.</u>	<u>8841G NORTH SWAN ROAD</u> <u>MILWAUKEE, WI 53224</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>BROOKS-HAY, NICHOLA J.</u>	<u>5103 CHARDONNAY DRIVE</u> <u>CORAL SPRINGS, FL 33067</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>TAYLOR, EVERTON C.</u>	<u>2744 OLIVINE DRIVE</u> <u>DACULA, GA 30019</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary) (Be specific)

ARTICLE III

PURPOSE:

Section 1. Nonprofit Purpose

The organization is organized exclusively for charitable, religious educational, and scientific purposes under Section

501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Section 2. Specific Purpose

Mandela's Health Outreach provides informative seminars on Medicare and the Affordable Care Act (ACA) to enhance awareness and understanding among the target audience. Our public education initiative strives to empower the community with the knowledge needed to make informed decisions about healthcare coverage. Focusing on Medicare and the Marketplace, we aim to ensure comprehensive awareness and support for individuals, families, and businesses seeking accessible and effective healthcare solutions.

ARTICLE IV

The manner in which directors are elected or appointed is:

Directors are appointed based on their educational background, expertise, and extensive healthcare industry professional experience. They must also demonstrate the ability to work effectively within a team and exhibit creativity that contributes to achieving the organization's objective.

ARTICLE IX

DISSOLUTION:

Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(C)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

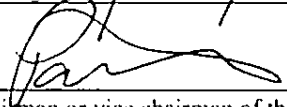
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

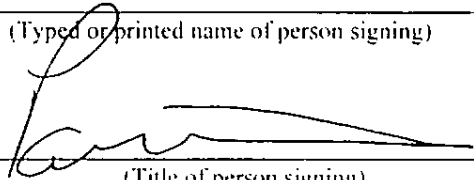
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 03/12/2024

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)

Parris A Brady

(Typed or printed name of person signing)

CEO/Founder 

(Title of person signing)