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S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Noble 0	Utreach	Minitires Inc.
DOCUMENT NUMBER:N24000	1004648	
The enclosed Articles of Amendment and fee are submitt	·	
The enclosed stractes by statematical and tee are sooning	ed for timig.	
Please return all correspondence concerning this matter to	_	
Eric Cabrero	۲.	
(N	ame of Contact Person)
	(Firm/ Company)	
7479 odessa C	alact	
	(Address)	
Rocksville Fl 3	4613	
Brooksville, FL 3	ty/ State and Zip Code)
E-mail address: (to be used for	rail. com	
E-mail address: (to be used/for	r future annual report n	outication)
For further information concerning this matter, please cal	1:	
	,	
Eric Cabrera (Name of Contact Person)	at (656) 202-8224
(Name of Contact Person)	(Arc	ea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made paval	ale to the Florida Depa	rtment of State:
,	•	
S35 Filing Fee □\$43.75 Filing Fee & □\$	643.75 Filing Fee &	□\$52.50 Filing Fee
Certificate of Status	Jertified Copy Additional copy is	
	Additional copy is enclosed)	Certified Copy (Additional Copy is
	cherosedy	Enclosed)
Mailing Address	Street /	Address
Amendment Section		nent Section
Division of Corporations	Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee		ntre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment	· ,	25
to		27
Articles of Incorporation		=
of	Co.	:::
Noble Outreach Minitires Inc.	(1)	`
(Name of Corporation as currently filed with the Florida Dept. of State)		
N 24000004648	, O ; ,	co
(Document Number of Corporation (if known)	71 -	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the amendment(s) to its Articles of Incorporation:	follow	ing
A. If amending name, enter the new name of the corporation:		
· · · · · · · · · · · · · · · · · · ·		
Noble Ontreach Ministries INC. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp."	_The n	ĽW
"Company" or "Co." may not be used in the name.	or me	4
		
B. Enter new principal office address, if applicable: 7479 DESSA COURT (Principal office address MUST BE A STREET ADDRESS)		_
(Principal office address MUST BE A STREET ADDRESS) Blook Sville, FL 34613		
		_
	_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 7479 0) ESSA COURT		
Broksville, FL 34613		
Braserile Fo 11015	-	
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:		
		_
(Florida street address) <u>New Registered Office Address:</u>		
, 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

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change Add			
Remove			
2) Change Add		-	
Remove Change Add Remove			
4) Change Add		<u> </u>	
Remove			
5) Change Add			
Remove			
6) Change Add		-	
Remove E. If amending or addin	g additio	onal Articles, enter change(s) here:	
(attach additional shee.	ts, if nece	essary). (Be specific)	·

The name w	as misspelled	
	····	
		
		
		 _
<u> </u>		
		 :
The date of each amendment(s) adopted date this document was signed.	ion: 5/3/24	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·
Note: If the date inserted in this block d document's effective date on the Departs	loes not meet the applicable statutory filing requirements, this date will not be ment of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were