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TALLAHASSEE FINALS

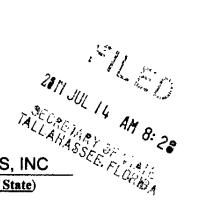
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: ON THE CUT	TING EDGE OUTRE	ACH PROGRAMS, I
DOCUMENT NUM	BER: <u>N96000005989</u>		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
		IA J HELLIGAR	
	(Name o	f Contact Person)	
	ON THE CUTTING EDGE	E OUTREACH PROGRA	MS, INC
<del></del>	(Fire	n/ Company)	
	5928 G	ILLIAM ROAD	
<del></del>		(Address)	
	ORLAN	IDO, FL 32818	
<del></del>		ate and Zip Code)	<del></del>
		eafterschool.com ed for future annual report no	tification)
For further information	on concerning this matter, pleas	se call:	
Patricia J Helligar		at(407 )_299-	6677
	of Contact Person)		aytime Telephone Number)
Enclosed is a check fe	or the following amount made p	payable to the Florida Depart	ment of State:
\$35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address dment Section	Street Address Amendment Secti	ŕ
	on of Corporations	Division of Corpo	
P.O. F	Box 6327	Clifton Building	
Tallahassec, FL 32314		2661 Executive C	Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



## ON THE CUTTING EDGE OUTREACH PROGRAMS, INC

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

## N96000005989

(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:

he new name must be distinguishable an bbreviation "Corp." or "Inc." <u>"Compan</u>	nd contain the word "corporation" or	"incorporated" or the
		<u>ie</u> .
Enter new principal office address, if a Principal office address <u>MUST BE A STR</u>		
	4 <u>4 </u>	
		<u> </u>
Enter new mailing address, if applica		
(Mailing address <u>MAY BE A POST OF</u>	FFICE BOX	
		, enter the name of the
. If amending the registered agent and/onew registered agent and/or the new r		, enter the name of the
. If amending the registered agent and/onew registered agent and/or the new registered agent and/or the new registered Agent:		, enter the name of the
new registered agent and/or the new r	registered office address:	enter the name of the
new registered agent and/or the new r		, enter the name of the
new registered agent and/or the new r	(Florida street address)	, Florida
new registered agent and/or the new r	registered office address:	

Page 1 of 3

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)

<u> Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
D	MARLENE MAGEE	6901 HENNEPIN BLVD	D Add
	- <del></del>	ORLANDO, FL 32818	☑ Remove
DΤ	ANIKA CHARLES	4420 OAKHAM CT	
		ORLANDO, FL 32818	
			Remove
			~-
E. If amer	nding or adding additional Articles, additional sheets, if necessary). (Be	enter change(s) here:	
(anach i	udattonat sneets, ij necessary). (De	specific)	
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The date of each amendment(s) ac	doption: 06-30-2011
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)
There are no members or memb	pers entitled to vote on the amendment(s). The amendment(s) was/were s.
Dated_07-08-20	11
Signature	Whillow)
	hairman or vice chairman of the board, president or other officer-if directors
	been selected, by an incorporator - if in the hands of a receiver, trustee, or
other cou	urt appointed fiduciary by that fiduciary)
	Fathera THellyar
	(Typed or printed name of person signing)
	Chapler Diffection
	(Title of person signing)

ű