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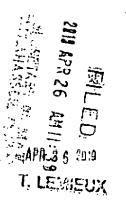
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COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: Williams Outreach, Inc.					
DOCUMENT NUMBER: N 97 0 00 0 0 772					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Elgenette Pape (Name of Contact Person)					
(Name of Contact Person)					
Williams Dutreach (nc					
(Firm/ Company)					
1563 Capital Circle SE Unit 109					
(Address)					
Tallahassee, FL 32301					
(City/ State and Zip Code)					
1408. Puculence a amail. com E-mail address: (to be used for future annual report notification)					
is-mail address: (to be used for fulfing annual report notification)					
For further information concerning this matter, please call:					
Elgenette Pope (Name of Contact Person) at (850) 815-2124 (Area Code) (Daytime Telephone Number)					
(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:					
\$35 Filing Fee \$\begin{array}{c} \$43.75 Filing Fee & \$\begin{array}{c} \$43.75 Filing Fee & \$\begin{array}{c} \$Certificate of Status & Certificate & Certificat					

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Street Address

Amendment Section Division of Corporations Clifton Building

Articles of Amendment

商LED Articles of Incorporation 2818 APR 26 AM II: 39 of Corporation as currently filed with the Florida Dept. of State (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: 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: (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 office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: 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	PT John D V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add Remove			
Kemove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
<i>δ</i>) Change			
Add			

if amending or adding additional Art attach additional sheets, if necessary).	(Be specific)				
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The date of each amendment(s) addite this document was signed.	option: 4 26 18	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this partment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adward was/were sufficient for approval	opted by the members and the number of votes cast for the amer	rdment(s)
There are no members or membadopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) wars.	ıs/were
Dated	<u> rie 18</u>	
Signature	The	
(By the chairr	man or vice chairman of the board, president or other officer-if d n selected, by an incorporator – if in the hands of a receiver, trus	lirectors
	ppointed fiduciary by that fiduciary)	stee, or
	(Typed or printed name of person signing)	
	President (Title of person signing)	
	(e or person signing)	