# N9700000 5887

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# **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: WIND OF THE SP	IRIT OUTREACH, INC.		
DOCUMENT NUMB	ER:			
The enclosed Articles	of Amendment and fee are sub	omitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
	Nancy Benita Corbin			
•		Name of Contact Persor	1	
		Firm/ Company		
	382 SW 311 AVE			
•		Address		
	STEINHATCHEE, FL 32359			
		City/ State and Zip Code		
	bestchoicebookkeepingcompa	nny@gmail.com		
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:	•	
Nancy B Corbin		at (	498-0499	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:	
☐ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

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NAME OF CORPORATION	WIND OF THE SPI		INC		
	97000005887				
DOCUMENT NUMBER:			<u>.                                    </u>		
The enclosed Articles of Amen	idment and fee are sub	mitted for filing.			
Please return all correspondence	ee concerning this matte	er to the following:			
NANCY BENITA CORBIN					
		(Name of Contact	Person)		· · · · · · · · · · · · · · · · · · ·
		(Firm/ Compa	nny)		<del>-</del> -
382 SW 311 AVE					
		(Address)			
STEINHATCHEE, FL 32359					·
		(City/ State and Zi	ip Code)		
BESTCHOICEBOOKKEEPI	NGCOMPANY@GMA	AIL.COM			
Е-п	nail address: (to be used	l for future annual	report notifica	tion)	<del></del>
For further information concer	ning this matter, please	call:			
NANCY B CORBIN			352		_
(N	lame of Contact Person	)	(Area Code	e) (Daytime Teler	phone Number)
Enclosed is a check for the following	lowing amount made pa	ayable to the Florid	la Department	of State:	
□ \$35 Filing Fee □	343.75 Filing Fee & Certificate of Status		Cer y is Cer (Ac	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is rclosed)	

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

# WIND OF THE SPIRIT OUTREACH, INC

(Name of Corporation as currently filed with the	Florida Dept. of Sta	<u>te</u> )	
N97000005887			
(Docume	nt Number of Corpo	ration (if known)	
Pursuant to the provisions of section 617,1006, Florid amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Flor</i>	ida Not For Profit Corporat	tion adopts the following
A. If amending name, enter the new name of the	corporation:		
N/A			The new
name must be distinguishable and contain the word ' "Company" or "Co." may not be used in the name.	"corporation" or "ir	corporated" or the abbrevia	ttion "Corp." or "Inc."
B. Enter new principal office address, if applicable	N/A		
(Principal office address MUST BE A STREET AD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	0X) N/A		
			·
	<del> </del>		
			<del></del>
D. If amending the registered agent and/or register		in Florida, enter the name	of the
new registered agent and/or the new registered			
Name of New Registered Agent:	N/A 		<u> </u>
		_	
New Registered Office Address:		(Florida street address)	
	N/A		
<u>-</u>	(City)		lorida (Zip Code)
	·		(11)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		and accept the obligations o	f the position.
-	Signature of	New Registered Agent, if cha	nging

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 Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Change Add	<u>s</u>	APRIL KELLER	1004 OXFORD CIRCLE GAINESVILLE, FL 32607
X Remove			
2) Change Add	<u>s</u>	SAMANTHA M BERRY	107 NE 294TH AVE OLD TOWN, FL 32680
Remove 3 ) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
			-
	<del></del>		

07/25/2024	•				
The date of each amendment(s) adoption:  07/25/2024					
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The date of each amendment(s) adoption:    O7/25/2024					
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The date of each amendment(s) adoption:  ate this document was signed.  Ciffective date if applicable:  (no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·				
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The date of each amendment(s) adoption:  ate this document was signed.  Ciffective date if applicable:  (no more than 90 days after amendment file date)					
The date of each amendment(s) adoption: $\frac{07/25/2024}{\text{ate this document was signed.}}$ if other date if applicable: $\frac{07/25/2024}{\text{(no more than 90 days after amendment file date)}}$	5555				<u> </u>
The date of each amendment(s) adoption: 07/25/2024				·	- •
The date of each amendment(s) adoption: 07/25/2024					
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The date of each amendment(s) adoption:    ate this document was signed.   07/25/2024					
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the date of each amendment(s) adoption:					
Affective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	ite of each amendment(s) adoption:	7/25/2024			, if other than t
	ive date <u>if applicable</u> :				•=-
	If the date inserted in this block does not	meet the applicable statut		s, this date will no	t be listed as the
document's effective date on the Department of State's records.					
Adoption of Amendment(s) (CHECK ONE)	ion of Amendment(s) (CH	IECK ONE)			

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
07/25/2024 Dated
Signature Any Benta Over  (By the chairman of 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)
NANCY B CORBIN
(Typed or printed name of person signing)
PRESIDENT Pastor Benita Corbin
(Title of person signing)

••