N98000005640

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02, 11, 2020

COVER LETTER

TO: Amendment Section **Division of Corporations**

Questers Community S NAME OF CORPORATION:	Service Fund, Inc.		<u> </u>	
N98000005640				
DOCUMENT NUMBER:		 	<u> </u>	_
The enclosed Articles of Amendment and fee are submit	tted for filing.			
Please return all correspondence concerning this matter	to the following:			
Markus Johnson				
1)	Name of Contact Per	rson)		
	(Firm/ Company))		
POST OFFICE BOX 7212				
	(Address)			
DELRAY BEACH, FL 33482				
(0	City/ State and Zip C	lode)		
mj@rpobizsolutions.com				
E-mail address: (to be used for	or future annual rep	ort notification)	
For further information concerning this matter, please ea	all:			
Markus Johnson	at	954	399-1623	
(Name of Contact Person)	at .	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount made pays	able to the Florida D	Department of S	State:	
	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certific Certific	Filing Fee cate of Status ed Copy ional Copy is sed)	

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

OUESTERS COMMUNITY SERVICE FUND INC. (Name of Corporation as currently filed with the Florida Dept. of State) N98000005640 (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: Omega Uplifts Foundation, Inc. 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. N/A B. Enter new principal office address, if applicable: (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: (Florida street address) New Registered Office Address: N/A Florida (Zip Code) (City) 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 Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) × Change Add	<u>TD</u>	OTIS PAYNE	POB 6445 DELRAY BEACH, FL 33482
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6)ChangeAdd			
Remove			
E. If amending or adding (attach additional sheet)		cles, enter change(s) here: (Be specific)	
The Board of directors vo	ted to change the r	name from Questers Community Service Fund	d, Inc. to Omega Uplifts Foundation
Currently Otis Payne is lis	sted as the TD. The	ere is a change, Otis Payne has stepped down	from the T (Treasurer) and
remains as a D (Director).	This should be no	oted as Otis Payne, TD as a Change to Otis Pa	yne, D.

N/A		
		-
		
		
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The date of each amendment date this document was signed	t(s) adoption: 10/14/2020	, if other than the
Effective date if applicable:	12/1/2020	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date with the Department of State's records.	Il not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/w was/were sufficient for ap	were adopted by the members and the number of votes east for the amendment(s) oproval.)

•	ard of directors.
Dated	10/14/2020
Dated Signature	MA
	By the chairman or vice thairman 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)
	other court appointed fiducially by that fiducially)
	Markus Johnson
	(Typed or printed name of person signing)
	Chairman of the Board
	(Title of person signing)

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