

P23 0000 093 89

(Requestor's Name)

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(City/State/Zip/Phone #)

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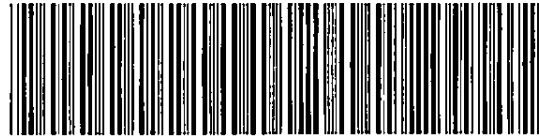
(Business Entity Name)

(Document Number)

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COVER LETTER

Amendment Section  
Division of Corporations

NAME OF CORPORATION: We Care Community Outreach Inc  
DOCUMENT NUMBER: P23000009389

enclosed *Articles of Amendment* and fee are submitted for filing.

So, return all correspondence concerning this matter to the following:

Kinzy McCre  
Name of Contact Person  
We Care Community Outreach Inc  
Firm/ Company  
3214 Orange Center Blvd Ste. C  
Address  
Orlando FL 32805  
City/ State and Zip Code  
kinzyh@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kinzy McCre at ( 409 ) 716-5536  
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

☒ \$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)

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

We Care Community Outreach Inc

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

P23000069389

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "professional," "professional association," or the abbreviation "P.A."

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Kinzy B. McCree  
725 S. Goldenway Ave  
(Florida street address)

New Registered Office Address

Orlando, Florida 32865  
(City) (Zip Code)

By 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.

Kinzy B. McCree

(Signature of New Registered Agent, if changing)

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

removing 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:

(Use 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. (e.g., 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 no change. Mike Jones leaves the corporation, Sally Smith is named in 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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Check One)

Title Name

Address

Change

President Kinzy McCree

735 S. Goldwyn Ave  
Orlando FL 32805

Add

Remove

Change

Add

Remove

Change

Add

Remove

Change

Add

Remove

Change

Add

Remove

Change

Add

Remove

Attach additional sheets, if necessary. (Be specific)

*(if not applicable, indicate N/A)*

date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

(c) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the amendment's effective date on the Department of State's records

option of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_"  
(voting group)

Dated 5/2/2023

Signature \_\_\_\_\_

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Kinzj R McCre  
(Typed or printed name of person signing)

Kinzj R. McCre  
(Title of person signing)

606011-2 2023-2-21