709509

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(Cit	y/State/Zip/Phone	e #)
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R. WHITE

Articles of Amendment

to

Articles of Incorporation

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Astoria Park Congrec	or ration of	c L ha	2018 HZY -2, PM 12:57
(Name of Corporation 2	/	th the Flori	da Dept. of State
	70950	y 9	THE PRODUCT LAND
. (Docume	nt Number of Corpo	oration (if kn	own)
Pursuant to the provisions of section 617,1006, Florid amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Flor</i>	ida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the c	orporation:		
			The new
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	corporation" or "ii	ncorporated'	" or the abbreviation "Corp." or "Inc.
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET AD</u>			
			<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)		
, , , , , , , , , , , , , , , , , , , ,	<u></u>		
D. If amending the registered agent and/or registe		in Florida, e	enter the name of the
new registered agent and/or the new registered	office address:		
Name of New Registered Agent:		·· 	
_		(Flo	rida street address)
New Registered Office Address:			
_			, Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Res	eistered Agent:		
I hereby accept the appointment as registered agent.	l am familiar with	and accept t	he obligations of the position.
	Signature of	New Registe	rred Agent, if changing

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Astoria Park Congregation of Uhovah's Witnesses, Inc.
DOCUMENT NUMBER: 709 509
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARK SIMPSON (Name of Contact Person)
(Name of Contact Person)
Astoria Park Congregation of Jehovahis Witnesses, Inc.
1809 Homewood Rd.
(Address)
Tallahassee, FL 32303 (City/State and Zip Code)
(City/ State and Zip Code)
Mark Simpson JW & Jahoc. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mark Simpson at 850 · 509.2988 (Name of Contact Person) (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 \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee \Bigcup
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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		Doe Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove		Patt, Alan D.	8712 Carrington Place Tallahassec, FL 32303
2) X Change Add	7_	Simpson, Mark	1809 Homewood Rd. Tallahassec, FL 32303
Remove 3) Change Add Remove		Presha, Wendell	1518 Argonne Road Tallahassa, FC 32308
4) Change Add Remove		Armstrong, Don	2212 Beech Street Talkhassee, FL 32303
5) _X_ Change Add Remove	<u>S</u> _	Nandati, Stanley	265 Sturgeon Dr. Tallahassee, FL 32303
6) X Change Add Remove	<u>T</u>	Speights, Alex	2291 Del Carmel Way Tallahassee, FL 32303
			

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
	<u> </u>
	·

The date of each amendment(s) addate this document was signed.	option: April 21, 2019	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date will rartment of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s)	
There are no members or memb adopted by the board of directo	ers entitled to vote on the amendment(s). The amendment(s) was/were	
Dated	5-1-19	
Signature	1 Snar	
have not bee	nan or vice chairman of the board, president or other officer-if directors n selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
	Mark Simpson (Typed or printed name of person signing)	
	(1 yped or printed name of person signing)	
	President	
- • ::	(Title of person signing)	