768954

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Masary Ktown Community Center, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NCOLN (Address) (City/ State and Zip Code) mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Name of Contact Person) (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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) **Mailing Address** Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Artic	cles of Amendment	
MasaryKtown	les of Incorporation of OMMIN ently filed with the Flor	y (enter, Inc., iga Dept. of State)
#76895	54	/
(Document Num	mber of Corporation (if k	iown)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
n/A		The new
name must be distinguishable and contain the word "corporation or "Co." may not be used in the name.		l" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES.</u>	<u>n/A</u>	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> N/A</u>	
· ·		29 (1)
		Ü
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		enter the name of the
	n/4	2:
Name of New Registered Agent:	<u> </u>	1,0
New Registered Office Address:	(F)	orida street address)
		Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registers	ed Agent:	
I hereby accept the appointment as registered agent. I am		the obligations of the position.
	n/A	
	Signature of New Regist	ered 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 A Add	<u>V</u> <u>Mike</u>	Doe e Jones v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	D	Kendra Sudigala	99 Kostka Dr Masanyktown Pl
Remove 2) Change			<u> </u>
Add Remove			
3) Change			
Remove 4) Change			
Add			
5) Change			
Remove			
6) Change Add			
Remove			

attach additional sh	ing additional Artests, if necessary).	(Be specific)				
						
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	e date of each amendment(s) adoption: 4/19/18 e this document was signed.	, if other than the
Effe	ective date <u>if applicable</u> :	
	(no more than 91) days after amendment file date)	
<u>Not</u> doc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be sument's effective date on the Department of State's records.	e listed as the
Add	option of Amendment(s) (CHECK ONE)	
¥	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 4/20/18 10/08/18	
	Signature Touristic Williams	
	(By the chairman or 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)	
	Rebecca adair	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	