## 768954

(Requ	uestor's Name	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phor	e #)
PICK-UP	☐ WAIT	MAIL
— (Busin	ness Entity Na	me)
(Docu	ment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



300350928133

00/27/20--010:0--024 ##35.00

2020 Atm 27 PH 4: 17

C. GOLDEN 00T 11 2020

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	saryktown Commun	ity Center, Inc		
768954 DOCUMENT NUMBER:				
The enclosed Articles of Amendmen	t and fee are submit	ted for filing.		
Please return all correspondence con	cerning this matter t	o the following:		
	Rebecca Adair			
	(5)	lame of Contact Po	erson)	
	Masaryktown Co	ommunity Center,	lnc.	
		(Firny Compan	y)	
	539 Lincoln Av	e.		
		(Address)		
	Masaryktown F	l 34604		
	(C	ity/ State and Zip	Code)	
	yktowncommunity@	_		
	dress: (to be used fo		port notification	on)
For further information concerning t	his matter, please ca	11:		
Rebecca Adair		at	352	
(Name o	of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following	g amount made paya	ble to the Florida	Department o	f State:
■ \$35 Filing Fee □\$43. Cert	ificate of Status	S43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certi is Certi (Add	50 Filing Fee ificate of Status ified Copy litional Copy is losed)
Mailing Address Amendment Section Division of Corpo P.O. Box 6327		Ai Di	reet Address mendment Sec vision of Corp ne Centre of	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

MASARYKTOWN COMMUNITY CENTER, INC.

2020 ; 27 Pil 4: 17

(Name of Corporation as currently filed with the Florida 768954		
(Document Nun	nber of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not F</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorporate	ed" or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRES.</u>	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	fice address in Florida	ı, enter the name of the
Name of New Registered Agent:		<u>.                                    </u>
New Registered Office Address:	- O	lorida street address)
	<del></del>	, Florida
	(Ciţv)	(Zip Code)
New Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am for	d Agent: amiliar with and accep	t the obligations of the position.
•	Signature of New Regis	tered 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 St	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>_S</u>	DEBRA MARSH	8460 Highpoint Blvd Brooksville, Fl 34613
2) <u>*</u> Change Add	<u>SD</u>	RICHARD MALOON	6064 Airmont Dr
Remove  3 ) Change	<u>SD</u>	MARGARET FISCHER	Spring Hill, Fl 34606  13394 Asbury St Spring Hill, FL 34609
4) Change Add			
Remove 5) Change Add			
6) Change Add Remove			
	g additional Arti	cles, enter change(s) here: (Be specific)	

		<del></del> _
		<del></del>
		<del></del>
		<del></del>
		<del></del>
		<del></del>
		<del></del>
		<del></del>
	<del>-</del>	
The date of each amendment(s) adoption: date this document was signed.	May 8, 2020	. if other than the
Effective data if applicables August 2	4, 2020	
Effective date if applicable:	o more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does n document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not bo of State's records.	e listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	

	ere are no members or members entitled to vote on the amendment(s). The amendment(s) was/were opted by the board of directors.			
	Dated  August 24, 2020  Signature  August 24, 2020  August 24, 2020  August 24, 2020			
(By the chairman or vice chairman of the board, president or other officer-if-have not been selected, by an incorporator – if in the hands of a receiver, tru other court appointed fiduciary by that fiduciary)				
	Rebecca Adair			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			