768954

| (Requestor's Name) (Address) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| Masaryktown C | ommunity Center. I | nc. | | | |
|--|-----------------------|---------------|---|--|---|
| 768954 DOCUMENT NUMBER: | | | | | |
| The enclosed Articles of Amendment and fee are sub | | | | | |
| Please return all correspondence concerning this mat | ter to the following: | | | | |
| Ro | ebecca Adair | | | | |
| | (Name of Contact | Pers | on) | | |
| Ma | asaryktown Commu | nity (| Center, Inc | | |
| | (Firm/ Compa | my) | | - | _ |
| 534 | 9 Lincoln Ave. | | | | |
| | (Address) | | . - | | |
| Ма | asaryktown, Fl 3460 |)4 | | | |
| | (City/ State and Zi | р Со | de) | | |
| Masaryktowncommunity(| | | | | |
| E-mail address: (to be use For further information concerning this matter, please | | repor | Thouncation | 1) | |
| | e can. | | 252 | 2.15 4010 | |
| Rebecca Adair (Name of Contact Person | | | 352 | 345-4818 (Daytime Telephone Number) | |
| Enclosed is a check for the following amount made p | | | | | |
| ■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status | • | ee & | □\$52.50 Certifi Certifi | Filing Fee cate of Status led Copy Jional Copy is | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | Z | Amer Divis | et Address Indment Section of Corpo Centre of T | prations | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| Name of Corporation as currently filed with the Flor | ida Dept. of State) | Center, Inc. |
|---|--------------------------------|---|
| 768954 | | |
| (Document N | umber of Corporation | (if known) |
| Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation: | tatutes, this <i>Florida N</i> | ot For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corp | oration: | |
| name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name. | poration" or "incorpe | The new prated" or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: | | |
| (Principal office address <u>MUST BE A STREET ADDR.</u> | ESS) | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered off | | orida, enter the name of the |
| Name of New Registered Agent: | | |
| | | (Florida street address) |
| New Registered Office Address: | | |
| | | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a | | eccept the obligations of the position. |
| | Signature of New A | 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 S: | ones | |
|------------------------------------|--|--|--|
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change Add | V | Angel Schwieterman | 206 Bayport St. Brooksville, Fl 34601 |
| x Remove | | | |
| 2) Change Add | | | |
| Remove 3) Remove Add Remove | | | |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| E. If amending or additional sheet | ng additional Art | icles, enter change(s) here: (Be specific) | |
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| | October 6, 2 | 1020 | | |
| The date of each amendment(s) date this document was signed. | idoption: | | | , if other than the |
| - | October 6, 2020 | | | |
| Effective date if applicable: | | days after amendmen | t file date) | w. |
| Note: If the date inserted in this document's effective date on the | | | g requirements, this date | will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u> |) | | |
| The amendment(s) was/were was/were sufficient for appr | adopted by the members val. | and the number of vot | es cast for the amendmen | nt(s) |

| opted by the board of | f directors. |
|-----------------------|--|
| | ctober 20, 2020 |
| Dated | |
| Signature | Ableca adain |
| (By tl | he chairman or vice chairman of the board, president or other officer-if directors |
| | e not been selected, by an incorporator – if in the hands of a receiver, trustee, or |
| othe | r court appointed fiduciary by that fiduciary) |
| | Rebecca Adair |
| - | (Typed or printed name of person signing) |
| | |
| | President |
| _ | (Title of person signing) |

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