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2019 OCT 17 PH 12: 48

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	Natural Men And Na ON:	tural Women Orgar	nization INC.	
DOCUMENT NUMBER:	N05000000962			
The enclosed Articles of An	nendment and fee are subm	nitted for filing.		
Please return all corresponde	ence concerning this matte	r to the following:		
Jeron Johnson				
		(Name of Contact F	Person)	
		(Firm/ Compan	y)	
204 Young Street				
		(Address)		
Tallahassee Fl 32301				
		(City/ State and Zip	Code)	
jjohnson_33023@yahoo.co	n			
E	-mail address: (to be used	for future annual re	port notification	1)
For further information conc	erning this matter, please	call:		
Jeron Johnson		ai	305	608-6240
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	yable to the Florida	Department of	State:
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing A	ddress	<u>St</u>	reet 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

## **Articles of Amendment** to Articles of Incorporation of

Natural Men And Natural Women Organization I	NC.	2019 007 17	
(Name of Corporation	n as currently filed with the Flo		P# 12: 48
N05000000962		•	
(Docum	ment Number of Corporation (if k	inown)	į.
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not Fo</i>	or Profit Corporation a	dopts the following
A. If amending name, enter the new name of th	e corporation:		
			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	<u>.</u>	d" or the abbreviation	"Corp," or "Inc."
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)  D. If amending the registered agent and/or reginerations.	stered office address in Florida	, enter the name of the	
new registered agent and/or the new register	red office address:		
Name of New Registered Agent:	Jeron Johnson		
	204 Young Street		
<u>New Registered Office Address:</u>		lorida street address)	
	Tallahassee	Plant I	32301
	(City)	, Florida (Zip (	
New Registered Agent's Signature, if changing I	Registered Agent:		
hereby accept the appointment as registered agen	nt. I am familiar with and accept	esa)	
	Signature of New Regist	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 Si	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	CFO	Kenneth Alexander	P O Box 7673
Add			TALLAHASSEE, FL 32314
Remove			
2) Change	C00	Jeron Johnson	P O Box 7673
x Add			TALLAHASSEE, FL 32314
Remove			
3) Change	Director	Leroy Smith	P O Box 7673
X Add			TALLAHASSEE, FL 32314
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articular additional sheets, if necessary).	(Be specific)			
				_
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	<del></del>	 <del></del>		
		 	• "	
	<del></del>			
	· · ·	 		

	date of each amendment(s) adoption this document was signed.	10/01/2019 on:	, if other than the
	ective date <u>if applicable</u> :		·- <u></u>
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this block do ument's effective date on the Departm	pes not meet the applicable statutory filing requirements, this date will not be nent of State's records.	listed as the
Ado	option of Amendment(s)	( <u>CHECK ONE</u> )	
	The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	
	There are no members or members e adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
	Dated 10/17/2019		
	have not been sel	or vice chairman of the board, president or other officer-if directors ected, by an incorporator – if in the hands of a receiver, trustee, or nted fiduciary by that fiduciary)	
	Kenneth Alex	ander	
		(Typed or printed name of person signing)	
	CFO		
		(Title of person signing)	