N08948

(Red	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

LIVE OAK CONGREGATION:		ES WITNE	ESSES INC.
N08948 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submitted			
Please return all correspondence concerning this matter to the			
TOBY RUSSELLANASTASIO SR.			
(Nam	e of Contact Person	.)	
LIVE OAK CONGREGATION OF JEHOVAH'S WITNES	SES INC.		
(Firm/ Company)		
14210 HWY 129			
	(Address)		
LIVE OAK FL 32060			
(City	State and Zip Code	2)	
TANASTASIO56@GMAIL.COM			
E-mail address: (to be used for fu	iture annual report r	notification)
For further information concerning this matter, please call:			
TOBY RUSSELLANASTASIO SR.	386 at	· 	965-6452
(Name of Contact Person)	(Are	ea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made payable	to the Florida Depa	ortment of S	State:
(Ac	3.75 Filing Fee & rtified Copy dditional copy is closed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed)

Articles of Amendment

to

Articles of Incorporation of

Same of Corporation as currently filed with the Florid	<u>a Dept. of State</u>)	Jehovahi Wilness, In
V08948		
(Document Nur	nber of Corporation (if l	nown)
ursuant to the provisions of section 617,1006, Florida Stat nendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not F</i>	or Profit Corporation adopts the following
. If amending name, enter the new name of the corpor	ration:	
		The new
ame must be distinguishable and contain the word "corpo	ration" or "incorporate	
Company" or "Co." may not be used in the name.		
Enter new principal office address, if applicable:	14210 US HWY 12	ELIVE OAK FL 32060
Principal office address MUST BE A STREET ADDRES	SS)	
The quality of the man case server to the se	 ,	
Parameter and described by		
: Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(maning maness Mar visit 1 Cor		
. If amending the registered agent and/or registered o	office address in Florida	, enter the name of the
new registered agent and/or the new registered office	e address:	
		
Name of New Registered Agent:		
		Florida street address)
New Registered Office Address:		
		mida
	(Cina	, Florida (Zip Code)
	(City)	nap cour
iew Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am	r <mark>ed Agent:</mark> familiar with and accep	n the obligations of the position.

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	PT John De V Mike Jo SV Sally Sr	<u>ines</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>P</u>	ROBERT C. MCCUSKER	7656 RIVER ROAD LIVE OAK F
X Remove 2) Change Add	<u>P</u>	BRADLEY BASHAW	16116 76TH STREET LIVE OAK
Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove			
E. If amending or additional sheet	ng additional Arti ets, if necessary).	icles, enter ch <u>ange(s) here:</u> (Be specific)	
NONE			
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			<u> </u>	
	SEPTEMBER 08 2020			20 0 0
The date of each amendment(s) adoption:				_, if other than the
date this document was signed.				
SEPTEMBE	R 08 2020			
Effective date <u>if applicable</u> :	AL OO I	I me Ct t		
(n	o more than 90 days after an	пепатет зис ааге)		
Strain (Calcoling) for consider state by other	not mont the analizable seem	rame filine maniferances	this data will and	he listed as the
Note: If the date inserted in this block does	not meet the applicable statu	tory ming requirements	s, mus gare will not	oc usicu as inc
document's effective date on the Department	or State's records.			

(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.

Adoption of Amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Signature (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) Toba (Typed or printed name of person signing)
Seededney (D12) -Hitle of person signing)