## N12000 011 303

| (Reques                        | stor's Name)    |         |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORAT            | Gold Coast Area S<br>ION:                   | Service Committee                                                      | of Narcot    | ics Anonymous (<br>————————————————————————————————————                           | Sold Coast Area Inc. |
|-----------------------------|---------------------------------------------|------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------|----------------------|
| DOCUMENT NUMBER             | N12000011303                                |                                                                        |              |                                                                                   |                      |
|                             |                                             |                                                                        |              |                                                                                   |                      |
| The enclosed Articles of A  | mendment and fee are sub-                   | mitted for filing.                                                     |              |                                                                                   |                      |
| Please return all correspon | dence concerning this matte                 | er to the following:                                                   |              |                                                                                   |                      |
| Jon Storey                  |                                             |                                                                        |              |                                                                                   |                      |
|                             |                                             | (Name of Contact F                                                     | erson)       |                                                                                   | <del> </del>         |
|                             |                                             | (Firm/ Compan                                                          | v)           |                                                                                   |                      |
| 3561 NW 9th Ave             |                                             | ,                                                                      | .,           |                                                                                   |                      |
|                             |                                             | (Address)                                                              | <u> </u>     |                                                                                   |                      |
| Oakland Park, Florida 3     | 3304                                        |                                                                        |              |                                                                                   |                      |
|                             |                                             | (City/ State and Zip                                                   | Code)        | <del></del>                                                                       |                      |
| Goldcoasttreasurer@ou       |                                             |                                                                        |              |                                                                                   | :<br>                |
|                             | E-mail address: (to be used                 | for future annual re                                                   | port notific | cation)                                                                           | 000                  |
| For further information cor | cerning this matter, please                 | call:                                                                  |              |                                                                                   |                      |
| Jon Storey                  |                                             | aí                                                                     | 954          | 600-4502                                                                          | PH Co                |
|                             | (Name of Contact Person                     | )                                                                      | (Area Co     | de) (Daytime T                                                                    | elephone Number F.   |
| Enclosed is a check for the | following amount made pa                    | yable to the Florida                                                   | Departmer    | nt of State:                                                                      | 110KS                |
| □ \$35 Filing Fee           | □\$43.75 Filing Fee & Certificate of Status | ■\$43.75 Filing Fee<br>Certified Copy<br>(Additional copy<br>enclosed) | is C         | 52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>Additional Copy is |                      |

**Mailing Address** 

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed)

## Articles of Amendment to Articles of Incorporation

Gold Coast Area Service Committee of Narcotics Anonymous Gold Coast Area Inc.

|                                                                                                   | n as currently filed with the Flor         | rida Dept. of State)                       |
|---------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------|
| 112000011303                                                                                      |                                            |                                            |
| (Docu                                                                                             | ment Number of Corporation (if k           | .nown)                                     |
| ursuant to the provisions of section 617.1006, Flonendment(s) to its Articles of Incorporation:   | orida Statutes, this <i>Florida Not Fe</i> | or Profit Corporation adopts the following |
| . If amending name, enter the new name of th                                                      | ie corporation:                            |                                            |
|                                                                                                   |                                            | The ne                                     |
| ume must be distinguishable and contain the wor<br>Company" or "Co." may not be used in the nan   |                                            |                                            |
| Enter new principal office address, if applic<br>Principal office address <u>MUST BE A STREET</u> |                                            | <u> </u>                                   |
|                                                                                                   |                                            |                                            |
|                                                                                                   |                                            |                                            |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE                   | : BOX)                                     | <b>ා</b><br>ට                              |
|                                                                                                   |                                            |                                            |
|                                                                                                   |                                            | 70<br>71                                   |
|                                                                                                   | <del></del>                                | <del>_</del>                               |
| If amending the registered agent and/or reg<br>new registered agent and/or the new register       |                                            | , enter the name of the                    |
| Name of New Registered Agent:                                                                     | Jon Storey                                 |                                            |
| Name oj new keginerea Agem.                                                                       | 3561 NW 9th Ave                            |                                            |
|                                                                                                   |                                            | lorída street address)                     |
| New Registered Office Address                                                                     |                                            |                                            |
|                                                                                                   | Oakland Park                               | , Florida                                  |
|                                                                                                   | (City)                                     | (Zip Code)                                 |
| ew Registered Agent's Signature, if changing                                                      |                                            |                                            |
| herehy accept the appointment as registered age                                                   | nt. I am familiaf with and uccept          | the obligations of the position.           |
|                                                                                                   | Jan tota                                   | reus _                                     |
|                                                                                                   | Signature of New Regis                     | tered gent, if changing                    |
|                                                                                                   |                                            | V                                          |

Page 1 of 4

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 | <u>V</u> | John Doe<br>Mike Jones<br>Sally Smith |                        |
|-----------------------------------|----------|---------------------------------------|------------------------|
| Type of Action<br>(Check One)     | Title    | Name                                  | <u>Addres</u> s        |
| 1) X Change                       | P        | Lorin Swirsky                         | 3561 NW 9th Ave        |
| Add                               |          |                                       | Oakland Park, FL 33304 |
| Remove                            |          |                                       |                        |
| 2) Change                         | <u> </u> | Christina Jaworski                    | 3561 NW 9th Ave        |
| X Add                             |          |                                       | Oakland Park, FL 33304 |
| Remove                            |          |                                       |                        |
| 3) X Change                       | <u>s</u> | Christopher Moynahan                  | 3561 NW 9th Ave        |
| Add                               |          |                                       | Oakland Park, FL 33304 |
| Remove                            |          |                                       |                        |
| 4) Change                         | P        | Carlos Acero                          | 3561 NW 9th Ave        |
| Add                               |          |                                       | Oakland Park, FL 33304 |
| X Remove                          |          |                                       |                        |
| 5) Change                         | s        | Hira Mendoza                          | 3561 NW 9th Ave        |
| Add                               |          |                                       | Oakland Park, FL 33304 |
| X Remove                          |          |                                       |                        |
| 6) Change                         |          | <del></del>                           |                        |
| Add                               |          |                                       |                        |
| Remove                            |          |                                       |                        |

| . If amending or adding additional Article (attach additional sheets, if necessary). | (Be specific)                                 |                                         |               |
|--------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------|---------------|
|                                                                                      |                                               |                                         |               |
|                                                                                      |                                               |                                         |               |
|                                                                                      |                                               | •••                                     |               |
|                                                                                      | , , <u>, , , , , , , , , , , , , , , , , </u> | •                                       |               |
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| <u> </u>                                                                             |                                               |                                         |               |
| <u>,                                      </u>                                       |                                               |                                         |               |
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|                                                                                      |                                               |                                         |               |

| The date of each an          | nendment(s) adoption:                                                                                                                                                                                                              | , if other than the |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| late this document w         | as signed.                                                                                                                                                                                                                         |                     |
|                              | 10/05/2019                                                                                                                                                                                                                         |                     |
| Effective date <u>if apr</u> |                                                                                                                                                                                                                                    |                     |
|                              | (no more than 90 days after amendment file date)                                                                                                                                                                                   |                     |
|                              | erted in this block does not meet the applicable statutory filing requirements, this date will not date on the Department of State's records.                                                                                      | ot be listed as the |
| Adoption of Amend            | ment(s) ( <u>CHECK ONE</u> )                                                                                                                                                                                                       |                     |
|                              | i(s) was/were adopted by the members and the number of votes cast for the amendment(s) ient for approval.                                                                                                                          |                     |
|                              | embers or members entitled to vote on the amendment(s). The amendment(s) was/were board of directors.                                                                                                                              |                     |
| Dated                        | 10/05/2019                                                                                                                                                                                                                         |                     |
| Signati                      | ire Lang Friedman                                                                                                                                                                                                                  |                     |
|                              | (By the chairmal 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) |                     |
|                              | Gary Friedman                                                                                                                                                                                                                      |                     |
|                              | (Typed or printed name of person signing)                                                                                                                                                                                          |                     |
|                              | Treasurer                                                                                                                                                                                                                          |                     |
|                              | (Title of person signing)                                                                                                                                                                                                          |                     |