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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AME	ERICA GA	THERS INC	•
DOCUMENT NUMBER:	0000003	61	<u></u>
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning th	nis matter to the following:		
MICHAEL LARK	LIN		
	(Name of Contact Pe	rson)	
AMERICA GATH	ERS		
	(Firm/ Company)	
187 Holsonba	ek Dr.		· · · · · · · · · · · · · · · · · · ·
	(Address)		
Prosperity, S	c. 2212	7	
	(City/ State and Zip (Code)	7:10 PT ::
Mlarkin @ C. E-mail address: (to	talyticfo.	undation. o	5 S
E-mail address: (to	be used for future annual rep	ort notification)	
For further information concerning this matter	, please call:		
MICHAEL LAEY	٠,١٨	540 - 744	- 5922
(Name of Contact	Person)	540 - 744 (Area Code) (Daytime Tele	phone Number)
Enclosed is a check for the following amount			
\$35 Filing Fee \$43.75 Filing Certificate of	Fee & \$\subseteq\$\$43.75 Filing Fee & Status Certified Copy (Additional copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Am Div The 24	eet Address endment Section vision of Corporations e Centre of Tallahassee 15 N. Monroe Street, Suite 8 lahassee, FL 32303	310

Articles of Amendment to Articles of Incorporation

AMERICA GATHERS	
(Name of Corporation as currently filed with the Florida De	ept. of State)
N 13 000000 361	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
GLOBAL TASK INC.	The new
name must be distinguishable and contain the word "corporation "Company" or "Co." may not be used in the name.	
B. Enter new principal office address, if applicable:	187 Holsonback DR.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	187 Holsonback DR. Prosperity, SC 29127
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent: FLORE	
New Registered Office Address:	Florida street address) Florida STE 300 (Florida street address) Florida 33702 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	Agent:
I hereby accept the appointment as registered agent. I am fam	iliar with and accept the obligations of the position.
We the Pi Sepansite Register	nature of New Registered Agent-if changing WF 106 ha Agent. MW

		
		
		
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The date of each amendment(s) adoption: 03 /21 /2024 date this document was signed. Effective date if applicable: 04 /16 / 2024 (no more than 90 days after amendment file date)		, if other than th
Effective date if applicable: 04/16/2024 (no more than 90 days after amendment file date)		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	, this date will n	not be listed as the
Adoption of Amendment(s) (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.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

14/2024

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)

MICHAEL LARKI

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)