## N180000 11708

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Community Service Cen	der Inc.	
N18000011708 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Timothy Willis			
	(Name of Contact Person	on)	
Joseph-Doris-Maty Community Service Center Inc			
	(Firm/ Company)		
3600 S. Orange Av.			
	(Address)		
Orlando, Floeida 32806			
	(City/ State and Zip Co	de)	
matymail@aol.com			
E-mail address: (to be use	d for future annual repor	t notification)	
For further information concerning this matter, please	e call:		
Timothy Willis (Name of Contact Person	at	107- 675 · 9 <b>5</b> 74  Area Code) (Daytime Telephone Number)	
(Name of Contact Person	1) (/	Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made p	ayable to the Florida De	partment of State:	
■ \$35 Filing Fee  □\$43.75 Filing Fee & Certificate of Status		☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section		t Address idment Section	
Division of Corporations		ion of Corporations	
P.O. Box 6327		Centre of Tallahassee	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Joseph Doris Maty Community Service Center Inc.		
Name of Corporation as currently filed with the Florida	Dept. of State)	
N18000011708		
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Prof	fit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
Joseph-Doris-Maty Community Service Center Inc.		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or t	
B. Enter new principal office address, if applicable:	Timothy Willis	_
(Principal office address <u>MUST BE A STREET ADDRESS</u>	3600 S. Orange Av.	(E) 2
	Orlando, Florida 32806	EP .
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3600 S. Orange av.	7 P
	Orlando, Florida 32806	 ω
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office and agent and/or the new registered office and agent:		the name of the
/		
New Registered Office Address:	(riorida si	treet address)
N/A		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa		bligations of the position.
NA		
S	ignature of New Registered A	lgent, 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 PT John Doc  X Remove V Mike Jones  X Add SV Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	Address
1)Change	<u>NA</u>		
Remove 2) Change Add	KA		
Remove 3 ) Remove	<u>NA</u>		
4) Change Add	NA		
Remove  5) Change Add	NA		
6) Change Add	NA		
E. If amending or adding (attach additional sheet)		icles, enter change(s) here: (Be specific)	
The Active, Florida Non-	Profit Corporation	n, Document No. ( N18000011708 ) Joseph Do	oris Maty Community Service
Center Inc and to be know	vn by the new ame	ended name Joseph-Doris-Maty Community S	ervice Center Inc. is the
reincorporation- restarting	g the inactive Flor	ida Corporation, Document No. ( N13000004	279 ) Joseph-Doris-Matv
Community service Center	er Inc.		

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The date of each amendment(s) adoption	n: <i>NA</i>	_, if other than the
date this document was signed.		
Esse of the second		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more man 90 days after amenament file date)	
Note: If the date inserted in this block document's effective date on the Department.	es not meet the applicable statutory filing requirements, this date will not ent of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted	has the manufacture and the manufacture of the second of t	
was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
Dated	09-01-2021
	(By the chairman or vice chairman of the board, president or other officer-if directors
	have no been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Timothy Willis  (Typed or printed name of person signing)
	Principal Officer
	(Title of person signing)