N24000002285

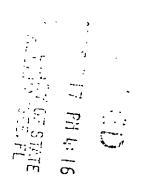
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28/17/24

COVER LETTER

TO: Amendment Section Division of Corporations

The Gatherin NAME OF CORPORATION:	g Jax, INC.			
N24000002285				
				<u></u>
The enclosed Articles of Amendment and fee	are submitted for firing.			
Please return all correspondence concerning th	is matter to the followir	រតិ:		
Benjamin Cash				
	(Name of Conta	ect Perso	n)	
The Gathering Jax				•
	(Firm/ Com	ipany)		
2486 Spokane Ave E				
	(Addre	ss)		
Jacksonville, FL 32233				
	(City/ State and	Zip Coc	le)	
Benji@thegatheringjax.com				
E-mail address: (to	be used for future annu-	al report	notification	1)
For further information concerning this matter	, please call:			
Benjamin Cash		67 at	78	6410403
(Name of Contact	Person)		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Flo	rida Dep	partment of	State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	-	y.	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section			Address dment Sect	ion

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

THE GATHERING JAX, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N24000002285 (Document Number of Corporation (if known) Pursuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co," may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address)

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(City)

N/A

Signature of New Registered Agent, if changing

, Florida ____ (Zip Code) 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>Doe</u> Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>T</u>	TREVOR R. SECKINGER	720 BELL MEADE RD MONROE, GA 30655
x Remove			
2) Change Add	<u>T</u>	STEPHEN HAROLD TRAILER	199 ALEXANDER LAKES DR. EATONTON, GA 31024
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			<u> </u>
E. If amending or ad (attach additional s		rticles, enter change(s) here: . (Be specific)	
ARTICLE III		· · · · · · · · · · · · · · · · · · ·	
SAID ORGANIZATI	ON IS ORGANIZI	ED EXCLUSIVELY FOR CHARITABLE	RELIGEOUS, EDUCATIONAL,
AND SCIENTIFIC P	URPOSES, INCLU	JDING, FOR SUCH PURPOSES, THE MA	AKING OF DISTRIBUTIONS
TO ORGANIZATION	NS THẠT QUAL <u>II</u>	FY AS EXEMPT ORGANIZATIONS DES	SCRIBED UNDER SECTION 501(C)(3)
OF THE INTERNAL	REVENUE CODI	E, OR CORRESPONDING SECTION OF	ANY FUTURE FEDERAL TAX CODE.

UPON THE DISSOLUTION OF THE OR	GANIZATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR ${f M}$	ORE	
EXEMPT PURPOSES WITHIN THE ME.	ANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE COD	E.	_
OR CORRESPONDING SECTION OF A	NY FUTURE FEDERAL TAX CODE. OR SHALL BE DISTRIBUTED	ТО	_
THE FEDERAL GOVERMENT, OR TO	A STATE OR LOCAL GOVERMENT, FOR A PUBLIC PURPOSE.		_
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The date of each amendment(s) adoption date this document was signed.	l:	, if othe	er than the
Effective date if applicable:	(no more than 90 days after amendment file date)		
	no more than 90 days after amenament file date) s not meet the applicable statutory filing requirements, this date will not b	n lietad	as the
document's effective date on the Departme		e nated	us the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes east for the amendment(s)		

. • .

aca o, me e	poard of directors.
Dated	SEPTEMBER 12, 2024
Signatu	
	By the charman 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)
	BENJAMIN T CASH
	(Typed or printed name of person signing)
	PRESIDENT

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

TOTAL PH LIFE