N36953

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

* TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| ISKCON of Gaine NAME OF CORPORATION: | esville | | •• | | رزم |
|--|----------------------------|---------------------------------|--|-------|-----|
| N36953 DOCUMENT NUMBER: | | | | ··. | ~ |
| The enclosed Articles of Amendment and fee are su | | | | - | • |
| Please return all correspondence concerning this ma | atter to the following: | | | | |
| Sagar Kumar | | | | | |
| | (Name of Contact Per | rson) | | | |
| ISKCON of Gainesville | | | | | |
| | (Firm/ Company |) | | | |
| 214 NW 14th St | | | | | |
| | (Address) | | | | |
| Gainesville FL 32603 | | | | | |
| | (City/ State and Zip C | Code) | | | |
| srutidas108@gmail.com | | | | | |
| E-mail address: (to be us | sed for future annual repo | ort notification | 1) | | |
| For further information concerning this matter, plea | se call: | | | | |
| Sagar Kumar | at | 801 | 6151621 | | |
| (Name of Contact Pers | | | (Daytime Telephone Nur | nber) | _ |
| Enclosed is a check for the following amount made | payable to the Florida D | epartment of | State: | | |
| □ \$35 Filing Fee □ \$43.75 Filing Fee of Certificate of Statu | | Certif Certif | cate of Status ted Copy tional Copy is | | |
| Mailing Address | | eet Address endment Sect | | | |
| Amendment Section Division of Corporations | | enament Secti ision of Corpo | | | |

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ISKCON of Gainesville

| (Name of Corporation | as currently fil | ed with the Florida De | pt. of State) |
|--|--------------------------|-------------------------------|---|
| N36953 | | | |
| (Docur | ment Number of | Corporation (if known) | |
| Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation: | rida Statutes, this | s Florida Not For Profi | t Corporation adopts the following |
| A. If amending name, enter the new name of the | e corporation: | | |
| N/A | | | The new |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam | | or "incorporated" or th | e abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applica | N/A | | |
| (Principal office address MUST BE A STREET A | | | |
| | | | |
| | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | <i>BOX</i>) N/A | | |
| | | | |
| | | | |
| | | | |
| D. If amending the registered agent and/or regi | stered office add | dress in Florida, enter | the name of the |
| new registered agent and/or the new register | | <u>\$8:</u> | |
| Name of New Registered Agent: | Sagar Kumar | | |
| | 214 NW 14th S | St | |
| No Provintered COS or Addresses | | (Florida str | cet address) |
| New Registered Office Address: | Gainesville | | 32603 |
| | | | Florida |
| | (C | ity) | (Zip Code) |
| New Registered Agent's Signature, if changing l | Registered Agen | <u>it:</u> | n e e e e e e e e e e e e e e e e e e e |
| I hereby accept the appointment as registered agen | nt. Lam familiai 1. / | twith and accept the obj T | ugations of the position. |
| | 16 | mez | |
| - | Signati | ure of New Registered A | gent, 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 <math>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 | $\overline{\underline{V}}$ $\overline{\underline{Mi}}$ | nn <u>Doe</u> ke Jones lly Smith | |
|----------------------------------|--|--|----------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | D | Robert Cohen | 1515 N.W. 7th Place |
| Add | | | Gainesville FL 32603 |
| X Remove | | | |
| 2) Change | PD | Sagar Kumar | 214 NW 14th St |
| X Add | | | Gainesville FL 32603 |
| Remove | | | |
| 3) $\frac{X}{}$ Change | CD | Carl Woodham | 214 NW 14th St |
| Add | | | Gainesville FL 32603 |
| Remove | | | |
| 4) Change | D | Amey DeSoto | 2111 NW 63rd Terrace |
| X Add | | | Gainesville FL 32603 |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Article (attach additional sheets, if necessary). | (Be specific) |
|---|---------------|
| N/A | |
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| October 1, 2019 The date of each amendment(s) adoption: | , if other than the |
|--|---------------------------|
| date this-document was signed. | |
| October 1, 2019 Effective date if applicable: | |
| (no more than 90 days after amendment file date) | |
| <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date of document's effective date on the Department of State's records. | will not be listed as the |
| Adoption of Amendment(s) (<u>CHECK ONE</u>) | |
| The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval. | (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. | , |
| Dated 10/13/2019 | |
| Signature Judy Woodham | |
| (Bythe chairman or vice chairman of the board, president or other officer-if director | |
| have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | ī |
| Judy Woodham | |
| (Typed or printed name of person signing) | - |
| Asst. Treasurer | |
| (Title of person signing) | - |