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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATIO	N: Clewisto	n, Florida Congregation	of Jehovah's Witnesses, Inc.
DOCUMENT NUMBER: _			
The enclosed Articles of Am	endment and fee are subm	nitted for filing.	
Please return all corresponde	nce concerning this matter	r to the following:	
	David Rist		
	•	(Name of Contact Perso	n)
•		(Firm/ Company)	
	645 West Paso Fir	no Circle	
		(Address)	
	Clewiston, F133	440	
	(	City/ State and Zip Coo	le)
		Drist4aas@gmail	.com
Е	mail address: (to be used	for future annual report	notification)
For further information conc	erning this matter, please of	call:	
David Rist		at	863-983-6920
	(Name of Contact Person)	(A	rea Code) (Daytime Telephone Number)
Enclosed is a check for the for	ollowing amount made pay	vable to the Florida Dep	artment 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 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

## Articles of Amendment to Articles of Incorporation of

•	•		in the second
	Florida Congregation of Jehovah's	, ( )	titin. aa
(Name of Corporation as cu	rrently filed with the Florida Do	ept. of State)	41110: 29
		Ä.	• • .
(Document N	umber of Corporation (if known)		
0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	and the state of t	r. 6	
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this <i>Fiorida Not For Proj</i>	a Corporation add	pts the followin
,	•		
A. If amending name, enter the new name of the corp	poration:		
			The ne
name must be distinguishable and contain the word "cor,	poration" or "incorporated" or t	he abbreviation "C	Corp." or "Inc."
"Company" or "Co." may not be used in the name.			
B. Enter new principal office address, if applicable:			
b. taner new principal vince address; it apprearate.			
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS )		
	<del></del>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	645 West Paso Fino Circle		
(Mutting dutiess MATE DIZATION OF THEE DOA)	043 West Laso Lino Chele		
	Clewiston, FL 33440		
	······		
D. If amending the registered agent and/or registered		r the name of the	
new registered agent and/or the new registered of	fice address:		
Name of New Registered Agent:	David Rist		
	645 West Paso Fino Circle		
	(Floreste a	treet address)	
New Registered Office_Address:	(rioriaa s	reet address;	
·	Clewiston	, Florida _	33440
	(City)	(Zip Ca	raej
New Registered Agent's Signature, if changing Regist	ered Agent:		
I hereby accept the appointment as registered agent. I a	m familiar with and accept the ob	ligations of the po	sition,
	(1)		
	1 / hull	, 	
	Signature of New Registered A	gent, if changing	

## 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> <u>M</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>D</u>	Robert Baker	331 W. Trinidad
Add X Remove			Clewiston, FL 33440
2) Change	T	Alfred Griffin	623 Orchard Park Dr
_X Add			Clewiston, FL 33440
Remove 3 ) X Change	<u>S</u>	Gary L. Sapp	1550 Old U.S. 27 Lot #282
Add			Clewiston, FL 33440
Remove 4) Change			· · · · · · · · · · · · · · · · · · ·
Add			·
Remove 5) Change			
Add Remove			
^			

E. If amending or adding additional Arti	icles, enter chan	ge(s) here:			
(attach additional sheets, if necessary).	(Be specific)				
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The date of each amendment(s) a date this document was signed.	adoption: 9/24(19	, if other than th
Effective date <u>if applicable</u> :	9/24/19	
	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this b document's effective date on the E		ng requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approx	adopted by the members and the number of voval.	tes cast for the amendment(s)
There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). Theorem	he amendment(s) was/were
Dated9	124/19	•
Signature	Jun 25	<u> </u>
have not been se	irman or vice chairman of the board, president lected, by an incorporator – if in the hands of inted fiduciary by that fiduciary)	
	David Rist	
	(Typed or printed name of pe	rson signing)
	President	
	(Title of person si	gning)