

N08 000005735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

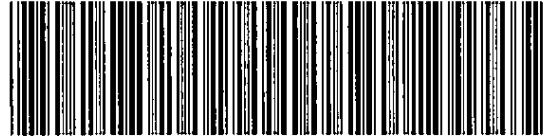
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 30 2019
TALLAHASSEE, FL

2019 SEP 30 AM 9:00

FILED

JCT 01 2019
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 5, 2019

CAROL EDWARDS
8347 LOCKWOOD RIDGE RD
SARASOTA, FL 34243

SUBJECT: F O E AUXILIARY SARA-MANA 4424 INC.
Ref. Number: N08000005735

We have received your document for F O E AUXILIARY SARA-MANA 4424 INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

ALL PAGES MUST BE INCLUDED IN THE AMENDMENT. PLEASE CLARIFY FOR CAROL EDWARDS WHAT YOU ARE TRYING TO DO. ARE YOU TRYING TO CHANGE HER TITLE FROM P TO S. IF SO JUST LIST HER NAME ONE AND CHECK CHANGE AND PUT THE CORRECT TITLE.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood
Regulatory Specialist II

Letter Number: 819A00018262

RECEIVED

RECEIVED

2019 SEP 05 11:02

Articles of Amendment
to
Articles of Incorporation
of

F.O.E. AUXILIARY SARA-MANA 4424 INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

NO8000005735

(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

The new 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.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

8347 Lockwood Ridge Rd.
SARASOTA, FL 34243

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

8347 Lockwood Ridge Rd.
SARASOTA, FL 34243

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: CAROL Nelson Edwards
720 South Tuttle Ave
(Florida street address)

New Registered Office Address: SARASOTA, Florida 34237
(City) (Zip Code)

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

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

Carol Nelson Edwards
Signature of New Registered Agent, if changing

2019 SEP 30 AM 9:00
FILED
TALLAHASSEE, FL

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:

Change PT John Doe
 Remove V Mike Jones
 Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>EDWARDS, CAROL</u>	<u>720 J. Tuttle Ave</u> <u>SARASOTA, FL. 34237</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>BALLARANO, DIANNE</u>	<u>3584 Crystal Lake Ct</u> <u>SARASOTA, FL. 34235</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>AlDay, Deborah</u>	<u>3312 Fauna St.</u> <u>SARASOTA, FL. 34235</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>McDonald, Marcia</u>	<u>5141 Country Meadows Blvd.</u> <u>SARASOTA, FL. 34235</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>MALIZIO, Charlene</u>	<u>4253 Deerfield dr.</u> <u>SARASOTA, FL. 34233</u>

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:

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Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

1) Change
 Add
 Remove

T BAKER, DAWN 5711 Bentgrass DR.
Unit 103
SARASOTA, FL 34247

2) Change
 Add
 Remove

T DUBE, VICTORIA 4527 60th AVE. E
BRADENTON, FL
34202

3) Change
 Add
 Remove

4) Change
 Add
 Remove

5) Change
 Add
 Remove

6) Change
 Add
 Remove

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(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, this date will not be listed as the document's effective date on the Department of State's records.

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 9/17/19

Signature Deborah K Alday
(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)

Deborah K Alday
(Typed or printed name of person signing)

President
(Title of person signing)