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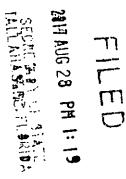
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Amend

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I ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corporations

American Legion	Auxiliary, Marlin Moore Unit 133, Inc.
N09000010770	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Stacy Cusano	
	(Name of Contact Person)
American Legion Auxiliary, Marlin Moore Unit 1	33, Inc.
	(Firm/ Company)
PO Box 570433	
	(Address)
Palmetto Bay, Fl. 33257	
	(City/ State and Zip Code)
alaunit133@gmail.com	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	ase cali:
Stacy Cusano	305 505-3744
(Name of Contact Pers	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Department of State:
	& \$\subseteq\$\$\$ \$\subseteq\$\$\$\$ \$\subseteq\$\$\$ \$\subseteq\$\$\$ \$\subseteq\$\$\$ \$\subseteq\$\$\$\$ \$\subseteq\$\$\$\$ \$\subseteq\$\$\$\$\$\$\$\$ \$\subseteq\$
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



August 2, 2017

STACY CUSANO AMERICAN LEGION AUXILIARY P.O. BOX 570433 PALMETTO BAY, FL 33257

SUBJECT: AMERICAN LEGION AUXILIARY, MARLIN MOORE UNIT 133, INC.

Ref. Number: N09000010770

We have received your document for AMERICAN LEGION AUXILIARY, MARLIN MOORE UNIT 133, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must have original signatures.

You failed to sign the document.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 617A00015632

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JALLA HASSIEF FOR MICKS

JALLA HASSIEF FOR MICKS

www.sunbiz.org

## Articles of Amendment to Articles of Incorporation of

American Legion Auxiliary, Marlin Moore Unit 133, Inc.

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

N09000010770

(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:

		The nev
name must be distinguishable and contain the work "Company" or "Co." may not be used in the name	"corporation" or "incorporated" or the abbreviation "Corp." or	"Inc."
Conquary or Co. may not be used in the num.	•	
B. Enter new principal office address, if applica		
(Principal office address <u>MUST BE A STREET A</u>	DDRESS ) <sub>N/A</sub>	
	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	30X) N/A	
	N/A	
	N/A	
D. If amending the registered agent and/or registered new registered agent and/or the new register	tered office address in Florida, enter the name of the ed office address:	
new registered agent and/or the new register	ed office address:	
new registered agent and/or the new register	N/A	
new registered agent and/or the new register <u>Name of New Registered Agent:</u>	N/A  (Florida street address)  N/A  N/A	
new registered agent and/or the new register <u>Name of New Registered Agent:</u>	N/A  (Florida street address)	

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>v</u>	Marie Dahl	PO Box 570433
Add			Palmetto Bay, FL 33257
X Remove			
2) Change	V	Margaret Ligeikis	PO Box 570433
X Add			Palmetto Bay, FL 33257
Remove			
3) Change	<u>S</u>	Michelle Ligeikis	PO Box 570433
X Add			Palmetto Bay, FL 33257
Remove			
4) Change		BLANK	N/A
Add			
Remove			
5) Change		BLANK	N/A
Add			-
Remove			
6) Change		BLANK	N/A
Add			
Remove			

. If amending or adding additional A (attach additional sheets, if necessary)	). (Be specij	не) .				
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	Regular Meeting - April 10, 2017	
The date of each amendment() date this document was signed.	s) adoption:	, if other than the
Effective date <u>if applicable</u> :	Immediately	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not e Department of State's records.	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.	
There are no members or n adopted by the board of di	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated July 25	. 2017	
Signature	Tally Cusario	
have no	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)	
Stac	y Cusano	
	(Typed or printed name of person signing)	
Pres	ident	
<del></del>	(Title of person signing)	