

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE JOHN WAYNE MEMORIAL, CHAPTER 21 OF THE
SPECIAL FORCES ASSOCIATION, INC.

DOCUMENT NUMBER: N97000000767

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS R. TOMLIN
(Name of Contact Person)

THE JOHN WAYNE MEMORIAL, CHAPTER 21 OF THE SPECIAL FORCES
ASSOCIATION, INC.
(Firm/ Company)

1408 Gulfwood Court
(Address)

Brandon, Florida 33510-4017
(City/ State and Zip Code)

For further information concerning this matter, please call:

THOMAS R. TOMLIN at (813) 689-2451
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$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 32399


The date of adoption of the amendment(s) was: 21 August 2009

Effective date if applicable: 1st December 2009
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature


(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.)

THOMAS R. TOMLIN

(Typed or printed name of person signing)

Treasurer, Chapter 21, Special Forces Association, Inc.

(Title of person signing)

FILING FEE: \$35