N0900002884

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800265415758

10/16/14--01014--005 **35.00

14 DCT 16 PH 4: 34

SHOURS CORROSTANTES

Amend 10.10.29.14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATIO	N: AMERICAN LEC	GION AUXILIARY, SARA	SOTA BAY UNIT 30, INC.
DOCUMENT NUMBER: _	N09000002884		
The enclosed Articles of Ame	ndment and fee are sub	mitted for filing.	
Please return all corresponden	ce concerning this matte	er to the following:	
		TAMMY R. GRIGGS	
		(Name of Contact Person)
	AMERICAN LEC	GION AUXILIARY, SARA	ASOTA BAY UNIT 30 , INC.
	<u> </u>	(Firm/ Company)	
		P.O. BOX 51344	· · · · · · · · · · · · · · · · · · ·
		(Address)	
	S	SARASOTA FLORIDA 34	234
		(City/ State and Zip Code	()
		nlongridge@verizon.ne I for future annual report n	
E-I	nan address: (to be used	i for future annual report i	lotification)
For further information concer	ning this matter, please	call:	
Nicole Lon	gridge	at (<u>941</u>)373-6762
(Name of Cont	act Person)	(Area Co	_)373-6762 de & Daytime Telephone Number)
Enclosed is a check for the fol	lowing amount made pa	yable to the Florida Depa	rtment of State:
\$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 Ad	dress	Street	Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	filed with the Florida Dept. of State)	, <u> </u>	
(Manie of Cosporation as Currency	N09000002884		
(Docum	ent Number of Corporation (if known)		
Pursuant to the provisions of section 617.100 amendment(s) to its Articles of Incorporation		Profit Corporation adopts	the following
A. If amending name, enter the new name	e of the corporation:		
name must be distinguishable and contain th "Company" or "Co." may not be used in th		" or the abbreviation "Corp	The new o." or "Inc."
B. Enter new principal office address, if a (Principal office address MUST BE A STR			
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF			
D. If amending the registered agent and/o new registered agent and/or the new re		enter the name of the	14 OCT 16 PM 4: 34
Name of New Registered Agent:			بة. بي دي
	(Florida street address)		
		, Florida	
	(City)	(Zip C	ode)
New Registered Agent's Signature, if char I hereby accept the appointment as registere		the obligations of the position	o n .
	Signature of New Registered Agent if ch	anoino	

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	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u> </u>	LISA HARPER	P.O. BOX 51344
X Add			SARASOTA, FLORIDA 34234
Remove			
2) Change	v	SANDEE WRIGHT	P.O. BOX 51344
X Add			SARASOTA, FLORIDA 34234
Remove			
3) Change	<u>V</u>	MARY FAULKENBACH	P.O. BOX 51344
X Add			SARASOTA, FLORIDA 34234
Remove			
4) Change			
Add			
Remove			
5) Change			N
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Au attach additional sheets, if necessary).	(Be specific)	
	Version to the state of the sta	
		 -
	 	
·	· · · · · · · · · · · · · · · · · · ·	
		
	·	
	· · · · · · · · · · · · · · · · · · ·	
	——————	
· · · · · · · · · · · · · · · · · · ·		
		•

	e date of each amendment(s) adoption:	, if other than the		
Effe	(no more than 90 days after amendment file date)			
Ade	option 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(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 10/03/2014			
	Signature Winder A. Lengridge			
	(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)			
	NICOLE A. LONGRIDGE			
	(Typed or printed name of person signing)			
	TREASURER			
	(Title of person signing)			