## N09000002884

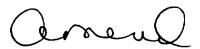
| (Re                                     | equestor's Name)   |           |
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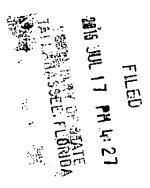
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JUL 2 0 2015 A RAMSEY



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION:                                     | EGION AUXILIARY, S   | SARASOTA BA                       | Y UNIT 30, INC.                                      |
|--|--|-----------------------------------|--|
| N09000002884   |  |                                   |  |
| DOCUMENT NUMBER:   |  |                                   |  |
| The enclosed Articles of Amendment and fee are           | submitted for filing.  |                                   |  |
| Please return all correspondence concerning this n       | natter to the following:   |                                   |  |
| TAMMY R. GRIGGS  |  |                                   |  |
| ·  | (Name of Contact l   | Person)                           |  |
| AMERICAN LEGION AUXILIARY, SARASO                        | rsa bay unit 30, in  | IC.                               |  |
|  | (Firm/ Compa   | ny)                               |  |
| P.O. BOX 51344   |  |                                   |  |
|  | (Address)  |                                   | , , , , , , , , , , , , , , , , , , ,                |
| SARASOTA, FL 34234                                       |  |                                   |  |
|  | (City/ State and Zip   | p Code)                           |  |
| nlongridge@verizon.net                                   |  |                                   |  |
| E-mail address: (to be                                   | used for future annual re  | eport notification                | )  |
| For further information concerning this matter, ple      | ease call:   |                                   |  |
| NICOLE A. LONGRIDGE                                      | ,  | 941<br>at                         | 373-6762   |
| (Name of Contact Per                                     |  | (Area Code)                       | (Daytime Telephone Number)                           |
| Enclosed is a check for the following amount mad         | e payable to the Florida   | Department of S                   | State:   |
| \$35 Filing Fee  \$43.75 Filing Fee Certificate of State | ce & \$\subseteq\$ | Certifi<br>is Certifi             | Filing Fee cate of Status ed Copy ional Copy is sed) |
| Mailing Address Amendment Section                        |  | Street Address<br>Amendment Secti | on   |

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                                       |
|---|---------------------------------------|---|
| American Legion   | - Auxilian                            | Source of general, 130                      |
| (Name of Corporation as   | currently filed with the F            | lorida Depu of State)                       |
| 1000000   | 1882                                  | SEAST TO SEE FI DRIDA                       |
| (Documer  | nt Number of Corporation (if          | fknown) IALL FUR STEEL                      |
| rsuant to the provisions of section 617.1006, Floridatendment(s) to its Articles of Incorporation:                      | a Statutes, this <i>Florida Not</i> . | For Profit Corporation adopts the following |
| If amending name, enter the new name of the co  | orporation:                           |   |
|   |                                       | The new                                     |
| ame must he distinguishable and contain the word "c<br>Company" or "Co." may not be used in the name.                   | corporation" or "incorpora            |   |
| Enter new principal office address, if applicable   |                                       |   |
| Principal office address <u>MUST BE A STREET ADI</u>  | <u>PRESS</u> )                        |   |
|   | <del></del>                           |   |
|   |                                       |   |
| Enter new mailing address, if applicable:   |                                       |   |
| (Mailing address MAY BE A POST OFFICE BO  | <u></u>                               |   |
|   |                                       |   |
|   |                                       |   |
|   |                                       |   |
| <ul> <li>If amending the registered agent and/or register<br/>new registered agent and/or the new registered</li> </ul> |                                       | la, enter the name of the                   |
|   | office address.                       |   |
| Name of New Registered Agent:   |                                       |   |
| _   |                                       | (Florıda street address)                    |
| New Registered Office Address:  |                                       | (rioriaa sireel aaaress)                    |
|   |                                       | Florida                                     |
| _   | (City)                                | , Florida<br>(Zip Code)                     |
|   | •                                     | • •   |
| ew Registered Agent's Signature, if changing Reginereby accept the appointment as registered agent.                     |                                       | ept the obligations of the position         |
| y app   | · ····                                | Francisco of the positions                  |
| _   | Signature of Nov. D-                  | gistered Agent, if changing                 |
|   | signature oj ivew Reg                 | gisterea Ageni, ij changing                 |

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 <math>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>Mik</u> | n Doe<br>e Jones<br>y Smith |                    |
|----------------------------------|---------------------|-----------------------------|--------------------|
| Type of Action<br>(Check One)    | <u>Title</u>        | <u>Name</u>                 | <u>Addres</u> s    |
| 1) X Change                      | <u>s</u>            | JANYTHE HALL                | P.O. BOX 51344     |
| Add                              |                     |                             | SARASOTA, FL 34234 |
| Remove                           |                     |                             |                    |
| 2) Change                        | <u>v</u>            | MARY FAULKENBACH            | P.O. BOX 51344     |
| Add                              |                     |                             | SARASOTA, FL 34234 |
| X Remove                         |                     |                             |                    |
| 3) Change                        | V                   | TAMMY SAPP                  | P.O. BOX 51344     |
| X Add                            |                     |                             | SARASOTA, FL 34234 |
| Remove                           |                     |                             |                    |
| 4) Change                        |                     |                             |                    |
| Add                              |                     |                             |                    |
| Remove                           |                     |                             |                    |
| 5) Change                        |                     |                             |                    |
| Add                              |                     |                             |                    |
| Remove                           |                     |                             |                    |
| 6) Change                        |                     | <del></del>                 | <del>.</del>       |
| Add                              |                     |                             |                    |
| Remove                           |                     |                             |                    |

| E. If amending or adding additional Articles, enter change(s) here:  (attach additional sheets, if necessary). (Be specific) |  |             |  |
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| T)    |   | JULY 2, 2015  | : C - al al 4l      |
|-------|---|---|---------------------|
|       | date of each amendmen<br>this document was signed |   | , if other than the |
| Fffe  | ctive date if applicable:                         | JULY 11, 2015   |                     |
| 1,110 | tive dute <u>ir appricable</u> .                  | (no more than 90 days after amendment file date)  |                     |
|       |   | his block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.   | be listed as the    |
| Ado   | ption of Amendment(s)                             | ( <u>CHECK ONE</u> )  |                     |
|       | The amendment(s) was/was/were sufficient for a    | were adopted by the members and the number of votes cast for the amendment(s) pproval.  |                     |
|       | There are no members of adopted by the board of   | r members entitled to vote on the amendment(s). The amendment(s) was/were directors.  |                     |
|       | Dated   | Y 2, 2015   |                     |
|       | Signature   | Vicile A. Lengridge   | _                   |
|       | have  | e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) |                     |
|       | N   | ICOLE A. LONGRIDGE  |                     |
|       |   | (Typed or printed name of person signing)   |                     |
|       | T   | REASURER  |                     |
|       | _   | (Title of person signing)   |                     |