705091

(Requestor's Name)
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,
(City/State/Zip/Phone #)
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D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:		
705091 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are submitted for	r filing.	
Please return all correspondence concerning this matter to the	following:	
Ana Braun		
(Name o	of Contact Person)	·
German American Society of Central Florida		
(Fir	m/ Company)	
3032 Los Amigos Drive		
	(Address)	
Orlando, Fl. 32822		
(City/ St	ate and Zip Code)	
anigbu@gmail.com		# 1 1 - 3 1 - 4
E-mail address: (to be used for futu	re annual report notification)	
For further information concerning this matter, please call:		Ci)
Ana Braun	497 234 at	-6511 E
(Name of Contact Person)	(Area Code) (Day	rtime Telephone Number)
Enclosed is a check for the following amount made payable to	the Florida Department of State:	, ,
	ied Copy Certificate of tional copy is Certified Co	of Status Ppy
Mailing Address	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporation	ns

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation

German American Society of Central Floride

Name of Corporation as currently filed with the Flori	da Dept. of State)	
705091		
(Document No	umber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation ado	pts the following
A. If amending name, enter the new name of the corpo	oration:	
N/A		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	ooration" or "incorporated" or the abbreviation "C	orp." or "Inc."
3. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRI</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	"	<i>~</i> 3
		1-57 (-5)
		- · · · · · · · · · · · · · · · · · · ·
). 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 off	ice address:	٠,
N/A Name of New Registered Agent:	<u> </u>	<u> </u>
		*** ***
	(Florida street address)	
New Registered Office Address:		
	, Florida	<u>. </u>
	(City) (Zip Co	de)
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I a	ered Agent: m familiar with and accept the obligations of the pos	sition.
	Signature of New Registered Agent, if changing	

and address of each (Attach additional she Please note the officer P = President; V = Vio	Officer and/or Di ets, if necessary) /director title by t ce President; T= 4 (O = Chief Financ	rector being added: he first letter of the office title: "reasurer; S= Secretary; D= Director; ial Officer. If an officer/director holds	officer/director being removed and title, name, TR= Trustee; C = Chairman or Clerk; CEO = Chief more than one title, list the first letter of each office
Changes should be no a change, Mike Jones Mike Jones, V as Rem	leaves the corpor	ation, Sally Smith is named the V and S.	I as the PST and Mike Jones is listed as the V. There i. These should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doc e Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>P</u>	Edward Mullis	
 X Remove 2) Change Add 	<u>v</u>	Bill Bond	
* Remove 3) Change Add * Remove	D	Jeff Bumb	
4) <u>xx</u> Change Add	<u>P</u>	Fred Kager	
Remove 5)	<u>v</u>	Jeff Zawacki	
Remove 6) Change Add	<u>v</u>	Sebastian Behnke	409 EAST ST. ALTAMONTE BRAINGS, FL. 32701
Remove F. If amending or acceptance and additional.		Articles, enter change(s) here: v). (Be specific)	(see next page for #7 s
		- -	

ARTICLES OF CORPORATION – AMENDMENT

EFFECTIVE: 5/15/2022

(7)

ADD:

DIRECTOR

MANFRED GOTTSCHALCH

11103 SE 225TH DR.

HAWTHORNE, FL 32640

(3)

ADD:

DIRECTOR

JOE PUHL

50 FAIRWAY DR. DEBARY, FL 32713

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		<u>.</u>		
The date of each amendment(s) adoption: _ date this document was signed.	MAY 15, 2022			, if other than th
Effective date if applicable:	more than 90 days aft		atai	
				not ha lietad as tha
Note: If the date inserted in this block does not document's effective date on the Department of	of State's records.	statutory ming requ	nements, this date will	not be fisted as the
Adoption of Amendment(s) (C	HECK ONE)			

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

Datad	JUNE 5, 2022
Dated	
Signati	
C	(By the chairman of 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)
	ANA E. BRAUN
	(Typed or printed name of person signing)

(Title of person signing)