## 708554

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SECRETARY OF STATE

TALLAHAS SEE, PATE

A. BUTLER
JUN - 3 2022

## **COVER LETTER**

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: BROWARD Memorial POST NO. 180, Of The American Legion Inc
DOCUMENT NUMBER: 708554
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROBERT W. JERVAH  (Name of Contact Person)
BROWARD MEMORIAL POST 180 (Firm/ Company)
1280 J-W. 4477 TERR. (Address)
FT. LAU Jerckele F1. 33317 (City/ State and Zip Code)
Commander Post 180 a g mail. Com E-mail address: (to be used to future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person)  (Name of Contact Person)  (Area Code)  (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
■ \$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation

80 of The American Logion Inc. (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: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. 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 office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if 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 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)	_Title	Name	<u>Addres</u> s
1) _X_ Change Add	1st Vice	NANCY BAKER	1280 SW TYTY TERR. FT LAUDERCER FT 33317
2) <u>X</u> Change Add	JND Vice	DAVID HURST	1180 SW YYI'N TERR. ET LANDERDIK EL 3331)
Remove 3) X Change Add Remove	ADjUTANT	MARY Jones	1280 SW YYTH TERR FT LANdershale FT 3331
4) <u>×</u> Change Add	Finance officer	JAMES DRINKWEITER	1380 SW 44 TU TEAR > FT handedele fl. 333.7
Remove 5) Change Add			
6) Change Add	<u></u>		
	adding additional Arti I sheets, if necessary).	icles, enter change(s) here: (Be specific)	
	Nln		

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The date of each amendment(s) adoption:date this document was signed.	MARCH	2474 S	1022	12176-1-20	_, if other than the
Effective date if applicable: N/A					
date this document was signed.  Effective date if applicable:  (no more	than 90 days a	fter amendme	nt file date)	<del></del>	~
Note: If the date inserted in this block does not med document's effective date on the Department of Stal	et the applicabl	e statutory fili	ng requirements,	this date will not	be listed as the

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

Adoption of Amendment(s) (CHECK ONE)

j	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	adopted by the board of directors.
	Dated APRIL 15T 2023
	Signature Robert W. Jowah
	(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)
	ROBERT W. JERVAH
	(Typed or printed name of person signing)
	COMMANDER
	(Title of person signing)