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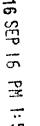
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LEESBURG	MEMORIAL POST NO 52, DEPT OF FLORIDA
THE AMERI	CAN LEGION
DOCUMENT NUMBER: 716 081	d Borr.
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
ALBERT WILLIAMS	
	(Name of Contact Person)
	(Firm/ Company)
4538 NE 33RO LN	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Address)
WILDWOOD FL 34785	
	(City/ State and Zip Code)
STBEFAN® YAHDO, COM E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, pleas	
ALBERT WILLIAMS	at 352-255-7889
(Name of Contact Perso	
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
□ \$35 Filing Fee Settificate of Status	
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tailahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

APP. COVER

Articles of Amendment to Articles of Incorporation of

16 SEP 16 PM 1:55

LEESBURG MEMORIAL POST NO (Name of Corporation as	currently filed with the Flo	rida Dept. of State)
714081		
	t Number of Corporation (if k	(nown)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
LAKE PANASOFFKEE MEMORIAL P name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	OST NO 52 , DEPT 0 corporation" or "incorporate AMERICAN LE	F FLORIDA; THE The new d" or the abbreviation "Corp." or "Inc." F610N, INC.
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	x) N/A	
D. If amending the registered agent and/or register new registered agent and/or the new registered of the new		, enter the name of the
Name of New Registered Agent:	NIA	
New Paristanad Office Address	N/A	lorida street address)
<u>New Registered Office Address</u> :	-1 l n	
	L A / lq	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent.		•
	N/A	
	Signature of New Regis	tered 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 E V Mike J SV Sally S	<u>Iones</u>		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change				
Add				
Remove		A1)A		
2) Change		NIII		
Add				
Remove				·
3) Change				
Add				
Remove				
4) Change				
Add		/		
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5) Change				
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The date of each amendment(s) adop	otion:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depa	does not meet the applicable statutory filing requirements, this date will rtment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopwas/were sufficient for approval.	oted by the members and the number of votes cast for the amendment(s)	
There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment(s) was/were	
Dated <u>SEP</u> /2	1,2016	
Signature All	A William an or vice chairman of the board, president or other officer-if directors	
have not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
AL	BERT H. WILLIAMS	
	(Typed or printed name of person signing)	
VICE	ECOMMANDER	
	(Title of person signing)	