## 725308

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CT 1/4/2023

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Chapter of the Nati	ional Society o	of the Daug	thters of the American Revolut	tion
725308 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee	are submitted for fi	ling.			
Please return all correspondence concerning th	is matter to the foll	lowing:			
Meghan Hufstader Gabriel					
	(Name of C	Contact Person	)		
The Orlando Chapter of the National Society of	of the Daughters of	the American	Revolutio	n	
	(Firm/	Company)			
720 Seneca Meadows Rd					
	(Ac	ddress)		· - · · · · · · · · · · · · · · · · · ·	
Winter Springs, F1. 32708					
<del></del>	(City/ State	and Zip Code	:)		
meghan.hufstader@gmail.com					
E-mail address: (to	be used for future a	annual report r	otification	)	
For further information concerning this matter	, please call:				
Meghan Hufstader Gabriel		901 at		3389983	
(Name of Contact	Person)		ca Code)	(Daytime Telephone Number	.)
Enclosed is a check for the following amount	made payable to the	: Florida Depa	rtment of	State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing I Certificate of S		Copy nal copy is	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address			Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 22, 2022

**:** ¥

MEGHAN HUFSTADER GABRIEL 720 SENECA MEADOWS ROAD WINTER SPRINGS, FL 32708

SUBJECT: THE ORLANDO CHAPTER OF THE NATIONAL SOCIETY OF THE

DAUGHTERS OF THE AMERICAN REVOLUTION

Ref. Number: 725308

We have received your document for THE ORLANDO CHAPTER OF THE NATIONAL SOCIETY OF THE DAUGHTERS OF THE AMERICAN REVOLUTION and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 522A00018686

## **Articles of Amendment** to Articles of Incorporation of

THE ORLANDO CHAPTER OF THE NATIONA	L SOCIET	TY OF THE DAUG	HITERS OF THE AMERICAN REV	OLUTI C	
Name of Corporation as currently filed with the	Florida I	Dept. of State)			
725308					
(Docum	ent Numb	er of Corporation (i	if known)		
dursuant to the provisions of section 617.1006, Flor mendment(s) to its Articles of Incorporation:	ida Statute	es, this <i>Florida Not</i>	For Profit Corporation adopts the fo	llowing	
. If amending name, enter the new name of the	corporat	ion:			
				The new	
ame must be distinguishable and contain the word Company" or "Co." may not be used in the name		ion" or "incorpore	ated" or the abbreviation "Corp." or	"Inc."	
		720 Seneca Mead	ows Rd		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR		Winter Springs, F	1 32708		
. Enter new mailing address, if applicable:		720.0			
(Mailing address MAY BE A POST OFFICE I	<u>80X</u> )	720 Seneca Mead	ows Rd		
		Winter Springs, Fl	L 32708		
		-			
. If amending the registered agent and/or regist new registered agent and/or the new registered	tered office o	<u>re address in Flori</u> ddress:	da, enter the name of the		
		lufstader Gabriel			
Name of New Registered Agent:					
	720 Seneca Meadows Rd (Florida street address)				
New Registered Office Address:					
	Winter Springs		, Florida 32708	, Florida 32708	
		(City)	(Zip Code)		
ew Registered Agent's Signature, if changing R hereby accept the appointment as registered agent			ept the obligations of the position		
_	m	Althor	el		
	Si	gnature of New Reg	gistered 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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change × Add	<u>T</u>	_	Meghan Hufstader Gabriel	720 Seneca Meadows Rd Winter Springs, FL 32708
Remove				
2) Change Add	P	-	Jeanan Davis	5391 Penway Dr Orlando, FL 32814
Remove 3 ) Remove Add × Remove	<u> </u>	_	Pamela Peelor	
4) Change Add	<u>VP</u>	<del>-</del>	Rachel Migliacci	8520 Danforth Dr Windermere, FL 34786
Remove  5) Change    Add    Remove		_		
6) Change Add		_		
E. If amending or addir (attach additional shee			cles, enter change(s) here: (Be specific)	
	<u></u>	<u> </u>		

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The date of each amendmen	tor adaption								if other than the
date this document was signed	цѕ) воорног 	n:							_, it other than the
anno muo decembra mas signes	6/1/2022								
Effective date <u>if applicable</u> :	0/1/2022	(no mor	e than 90 a	lays after at	nendment,	file date)			
Note: If the date inserted in the document's effective date on t	his block doe	s not me	eet the app	licable statı			ents, this da	ate will not l	be listed as the
Adoption of Amendment(s)		( <u>CHEC</u>	CK ONE)						
■ The amendment(s) was/v	vere adopted	by the n	nembers ar	nd the numb	er of vote	s cast for t	he amendn	nent(s)	

was/were sufficient for approval.

There a	are no members or members entitled to vote on the amendment(s). The amendment(s) was/were d by the board of directors.	
•	Dated _6/1/2022	
	Signature MH Babiol	
	(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)	
	(Typed or printed name of person signing)	
	(Title of person signing)	

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