

727000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

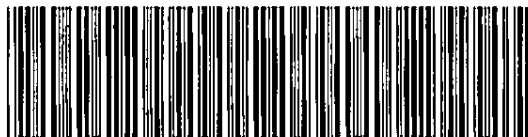
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SECRETARY OF STATE  
TALLAHASSEE, FL

C. GOLDEN

NOV -5 2018

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: DUMAS - HARTSON POST 8189, VETERANS OF  
FOREIGN WARS OF THE UNITED STATES, INC.

DOCUMENT NUMBER: 727000

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BILL PICKERING

(Name of Contact Person)

VFW POST 8189

(Firm/ Company)

8856 VETERANS DR HOMOSASSA FL

(Address)

HOMOSASSA, FL 34448

(City/ State and Zip Code)

samccue1@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BILL PICKERING

(Name of Contact Person)

at 352 795-5012

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 19, 2018

BILL PICKERING  
8856 VETERANS DRIVE  
HOMOSASSA, FL 34448

SUBJECT: DUMAS-HARTSON POST 8189, VETERANS OF FOREIGN WARS  
OF THE UNITED STATES, INC.  
Ref. Number: 727000

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please list the officers and directors names.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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: 118A00021467

Articles of Amendment  
to  
Articles of Incorporation  
of

DUMAS-HARTSON POST 5189, VETERANS OF FOREIGN WARS OF THE ~~UNITED~~ STATES, INC.  
(Name of Corporation as currently filed with the Florida Dept. of State)

727000

(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:

N/A

The new 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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8856 VETERANS DR

HOMOSASSA, FL 34448

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:

ERIC MCCUE

8856 VETERANS DR

(Florida street address)

New Registered Office Address:

HOMOSASSA

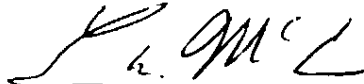
(City)

Florida 34448

(Zip Code)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action  
(Check One)

Title

Name

Address

- 1) ☐ Change COMMANDER CAMERATO, CARMEN J 8856 VETERANS DR  
☐ Add HOMOSASSA FL 34448  
☒ Remove (C) COMMANDER PICKERING, BILL 8856 VETERANS DR  
HOMOSASSA FL 34448
- 2) ☐ Change ~~COMMANDER~~ ~~PICKERING~~  
☒ Add  
☐ Remove
- 3) ☐ Change SR. VICE COMMANDER FRANKS, JIM 8856 VETERANS DR  
☐ Add HOMOSASSA FL 34448  
☒ Remove (O) OFFICER
- 4) ☐ Change ~~SR. VICE COMMANDER~~ TENNANT, DOUG 8856 VETERANS DR  
☒ Add HOMOSASSA FL 34448  
☐ Remove
- 5) ☐ Change JR VICE COMMANDER MCWELTHY, LYOND 8856 VETERANS DR  
☐ Add HOMOSASSA FL 34448  
☒ Remove (O) OFFICER
- 6) ☐ Change ~~SR. VICE COMMANDER~~ POST, RAEVERN 8856 VETERANS DR  
☒ Add HOMOSASSA FL 34448  
☐ Remove

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.

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Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
--------------------------------------	--------------	-------------	----------------

- |   |                          |                                      |  |
|---|--------------------------|--------------------------------------|--|
| 1) <input type="checkbox"/> Change            | <u>QUARTERMASTER</u>     | <u>RIENDEAU, ROGER N SR</u>          | <u>8856 VETERANS DR</u><br><u>HOMOSASSA FL 34448</u> |
| <input type="checkbox"/> Add                  |                          |                                      |  |
| <input checked="" type="checkbox"/> Remove    |                          |                                      |  |
| 2) <input checked="" type="checkbox"/> Change | <u>(Q) QUARTERMASTER</u> | <u>FOWLER, ROBERT</u>                | <u>8856 VETERANS DR</u><br><u>HOMOSASSA FL 34448</u> |
| <input checked="" type="checkbox"/> Add       |                          |                                      |  |
| <input type="checkbox"/> Remove               |                          |                                      |  |
| 3) <input type="checkbox"/> Change            | <u>(A) ADMINISTRATOR</u> | <u><del>MC CUE</del> McCUE, ERIC</u> | <u>8856 VETERANS DR</u><br><u>HOMOSASSA FL 34448</u> |
| <input checked="" type="checkbox"/> Add       |                          |                                      |  |
| <input type="checkbox"/> Remove               |                          |                                      |  |
| 4) <input type="checkbox"/> Change            |                          | <u>N/A</u>                           |  |
| <input type="checkbox"/> Add                  |                          |                                      |  |
| <input type="checkbox"/> Remove               |                          |                                      |  |
| 5) <input type="checkbox"/> Change            |                          | <u>N/A</u>                           |  |
| <input type="checkbox"/> Add                  |                          |                                      |  |
| <input type="checkbox"/> Remove               |                          |                                      |  |
| 6) <input type="checkbox"/> Change            |                          | <u>N/A</u>                           |  |
| <input type="checkbox"/> Add                  |                          |                                      |  |
| <input type="checkbox"/> Remove               |                          |                                      |  |

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: N/A, if other than the date this document was signed.

Effective date if applicable: 10/03/2018  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 10-03-18

Signature [Signature]  
(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)

BILL PICKERING  
(Typed or printed name of person signing)

UFLW Post 8189 COMMANDER  
(Title of person signing)