## 732976

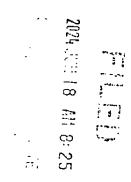
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| Certified CopiesC                | Certificates of Status |
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| Special Instructions to Filing C | officer:               |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| Loyal Order o NAME OF CORPORATION:                        | f Moose, Gulf Gate Lodge #608, Inc.              |
|-----------------------------------------------------------|--------------------------------------------------|
| 732976 DOCUMENT NUMBER:                                   |                                                  |
| The enclosed Articles of Amendment and fee a              | re submitted for filing.                         |
| Please return all correspondence concerning thi           | s matter to the following:                       |
| Thomas Finkler                                            |                                                  |
|                                                           | (Name of Contact Person)                         |
| Loyal Order of Moose, Gulf Gate Lodge #608,               | Inc.                                             |
|                                                           | (Firm/ Company)                                  |
| 6577 Superior Avenue                                      |                                                  |
|                                                           | (Address)                                        |
| Sarasota, FL 34231                                        |                                                  |
|                                                           | (City/ State and Zip Code)                       |
| lodge608@mooseunits.org                                   |                                                  |
| E-mail address: (to b                                     | e used for future annual report notification)    |
| For further information concerning this matter,           | please call:                                     |
| Thomas Finkler                                            | 941 921-1139<br>at                               |
| (Name of Contact I                                        |                                                  |
| Enclosed is a check for the following amount n            | nade payable to the Florida Department of State: |
| ☐ \$35 Filing Fee ☐ \$43.75 Filing F<br>Certificate of \$ |                                                  |
| Mailing Address                                           | Street Address Amendment Section                 |

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

## Articles of Amendment to Articles of Incorporation of

LOYAL ORDER OF MOOSE GULF GATE LODGE #608, INC.

| Name of Corporation as currently filed with the Fl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | orida Dent of State)                  |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------|
| 732976                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | orida Dept. of State)                 | 2024                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | t Number of Corporation (if known)    | 2024 18 111                    |
| Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | •                                     |                                |
| A. If amending name, enter the new name of the co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | orporation:                           | ,                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       | The new                        |
| name must be distinguishable and contain the word "c<br>"Company" or "Co." may not be used in the name.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | corporation" or "incorporated" or the | abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                                |
| Frincipul Office unuress <u>MOST BE A STREET ADD</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u></u>                               | <del>-</del>                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       | 4 1000                         |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>x</u> )                            |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                                |
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| D. If amending the registered agent and/or register                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       | he name of the                 |
| new registered agent and/or the new registered (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | office address:                       |                                |
| Name of New Registered Agent:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |                                |
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| New Registered Office Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (1 ioraa sire                         | et main caar                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       | , Florida                      |
| <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (City)                                | (Zip Code)                     |
| New Registered Agent's Signature, if changing Regination in the Agent |                                       | gations of the position.       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                                |
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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 | <u>ones</u>                                   |                                                                                                       |
|----------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Type of Action<br>(Check One)                      | <u>Title</u>                                                                 | <u>Name</u>                                   | Address                                                                                               |
| 1) Change Add                                      | PRESID                                                                       | PAUL BIENIASZ                                 | 2300 STICKNEY POINT ROAD<br>SARASOTA, FL 34231                                                        |
| x Remove                                           |                                                                              |                                               | JOSEPH MOTINO - PRESIDENT                                                                             |
| 2) Change Add                                      | VICE PI                                                                      | MARCI TOOMEY                                  | 5314 SIESTA COVE DRIVE<br>SARASOTA, FL 34242                                                          |
| X Remove 3) Change X Add X Remove                  | tREASU                                                                       | ERIN LA FORCE                                 | PAUL BIENIASZ - VICE PRESIE<br>2633 REGATTA DRIVE<br>SARASWOTA, FL 3423 I<br>MARCI TOOMEY - TREASUREI |
| 4) Change Add                                      | CHAPL.                                                                       | CYNTHIA TERRITO                               | 3987 MACEACHEN BLVD. APT.<br>SARASOTA, FL 34233                                                       |
| × Remove                                           |                                                                              |                                               | ALLISON KLIEN - CHAPLAIN                                                                              |
| 5) Change Add                                      | TRUSTI                                                                       |                                               |                                                                                                       |
| × Remove                                           |                                                                              |                                               | JOSEPH MASCIS - TRUSTEE                                                                               |
| 6) Change Add                                      |                                                                              |                                               |                                                                                                       |
| Remove                                             |                                                                              |                                               |                                                                                                       |
| E. If amending or addin<br>(attach additional shee |                                                                              | icles, enter change(s) here:<br>(Be specific) |                                                                                                       |
|                                                    | <u>-</u>                                                                     |                                               |                                                                                                       |
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|                                                                    |                    |                                                              |             |                  |                   |                      |
|                                                                    |                    |                                                              |             |                  |                   |                      |
| The date of each amendmen date this document was signed            | t(s) adoption: MA  | AY 1, 2024                                                   |             |                  |                   | _, if other than the |
| Effective date <u>if applicable</u> :                              | MAY 1, 2024        |                                                              |             | 421 - 4          |                   |                      |
| Note: If the date inserted in the document's effective date on the | his block does not | ore than 90 days a<br>meet the applicabl<br>State's records. |             |                  | his 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.

(CHECK ONE)

Adoption of Amendment(s)

|          | JUNE 13, 2024                                                                                                                                                                                                                      |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dated    | 30113 13, 2027                                                                                                                                                                                                                     |
| Signatur | . Thomas Finbler                                                                                                                                                                                                                   |
| ů.       | (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) |
|          | THOMAS FINKLER                                                                                                                                                                                                                     |
|          | (Typed or printed name of person signing)                                                                                                                                                                                          |
|          | SECRETARY                                                                                                                                                                                                                          |
|          |                                                                                                                                                                                                                                    |