## 736223

| (Requestor's Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| Special Instructions to Filing Officer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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JUL 2 11

## COVER LETTER

TO: Amendment Section **Division of Corporations** 

| Fraternal Order of Eag<br>NAME OF CORPORATION:                   | gles Gold Coast Aerie #3700 Inc.                                                                                                    |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| 736223<br>DOCUMENT NUMBER:                                       |                                                                                                                                     |
| The enclosed Articles of Amendment and fee are subm              | nitted for filing.                                                                                                                  |
| Please return all correspondence concerning this matter          |                                                                                                                                     |
| Paul Angier                                                      |                                                                                                                                     |
| (                                                                | Name of Contact Person)                                                                                                             |
| FOE #3700                                                        |                                                                                                                                     |
|                                                                  | (Firm/ Company)                                                                                                                     |
| 560 NE 36th Street                                               |                                                                                                                                     |
|                                                                  | (Address)                                                                                                                           |
| Oakland Park FL 33334                                            |                                                                                                                                     |
| ()                                                               | City/ State and Zip Code)                                                                                                           |
| gold Coast 376                                                   | ood outlook.com                                                                                                                     |
| E-mail address: (to be used to                                   | for future annual report notification)                                                                                              |
| For further information concerning this matter, please c         | call:                                                                                                                               |
| Paul Angier                                                      | 612 462-6691                                                                                                                        |
| (Name of Contact Person)                                         |                                                                                                                                     |
| Enclosed is a check for the following amount made pay            | yable to the Florida Department of State:                                                                                           |
| ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ Certificate of Status | \$43.75 Filing Fee & U\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is Enclosed) |
| Mailing Address Amendment Section                                | Street Address Amendment Section                                                                                                    |

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

|                                                                                                                | Articles of Amendment               |                                       |                  |
|----------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------|------------------|
|                                                                                                                | to                                  |                                       | E SE             |
|                                                                                                                | Articles of Incorporation of        |                                       | <b>25</b><br>ECF |
| Fraternal Order of Eagles Gold Coast Aerie #3700                                                               |                                     |                                       |                  |
|                                                                                                                |                                     |                                       | <u> </u>         |
| Same of Corporation as currently filed with the                                                                | e Florida Dept. of State)           |                                       | Ϋ́CO             |
| 736223                                                                                                         |                                     | <u> </u>                              |                  |
| (Docun                                                                                                         | nent Number of Corporation (if kno  | wn)                                   |                  |
| (Docum<br>fursuant to the provisions of section 617.1006, Flo<br>mendment(s) to its Articles of Incorporation: | rida Statutes, this Florida Not For | Profit Corporation adopts the         | to of order      |
| L. If amending name, enter the new name of the                                                                 | e corporation:                      |                                       |                  |
|                                                                                                                |                                     |                                       | The new          |
| ame must be distinguishable and contain the word                                                               |                                     | or the abbreviation "Corp." of        | or "Inc."        |
| Company" or "Co." may not he used in the name                                                                  | <u>r</u> .                          |                                       |                  |
| 3. Enter new principal office address, if applica<br>Principal office address MUST BE A STREET A               |                                     |                                       |                  |
|                                                                                                                |                                     |                                       |                  |
|                                                                                                                |                                     |                                       |                  |
|                                                                                                                | <del></del>                         | · · · · · · · · · · · · · · · · · · · | -                |
| Enter new mailing address, if applicable:                                                                      |                                     |                                       |                  |
| (Mailing address MAY BE A POST OFFICE                                                                          | <u>BOX</u> )                        |                                       | <del></del>      |
|                                                                                                                |                                     |                                       | _                |
|                                                                                                                |                                     |                                       |                  |
|                                                                                                                |                                     |                                       | · - ·            |
| ). If amending the registered agent and/or regi                                                                | stered office address in Florida, e | nter the name of the                  |                  |
| new registered agent and/or the new register                                                                   | ed office address:                  |                                       |                  |
| Name of New Registered Agent:                                                                                  | Paul H. Angier                      |                                       |                  |
|                                                                                                                | 2829 NE 18th Terrace Wilton Mar     | nors FL 33306                         |                  |
|                                                                                                                |                                     | ida street address)                   |                  |
| New Registered Office Address:                                                                                 |                                     | ad arrel duaressy                     |                  |
|                                                                                                                |                                     | et it.                                |                  |
|                                                                                                                | (City)                              | , Florida<br>(Zip Code)               | <del></del>      |
|                                                                                                                | (e ú))                              | (Eq. Couc)                            |                  |
| New Registered Agent's Signature, if changing I                                                                | Registered Agent:                   |                                       |                  |
| hereby accept the appointment as registered agen                                                               | t. I am familiar with and accept th | e obligations of the position.        |                  |
|                                                                                                                |                                     | <u>`</u>                              |                  |
|                                                                                                                | tanl (                              | man_                                  |                  |
|                                                                                                                | Signature of New Register           | ed 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 | <u>nes</u>                                   |                                                |
|--------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------|
| Type of Action (Check One)                                   | <u>Title</u>                                                                 | Name                                         | Address                                        |
| 1) Change<br>Add                                             | <u>S</u>                                                                     | Anthony P. Piccuito                          | 401 NE 28th Drive<br>Wilton Manors FL 33334    |
| <ul> <li>X Remove</li> <li>2) Change</li> <li>Add</li> </ul> | <u>s</u>                                                                     | Paul H. Angier                               | 2829 NE 18th Terrace<br>Wilton Manors FL 33306 |
| Remove  3 ) Change  Add  Remove                              | <u>T</u>                                                                     | Wayne Grant                                  | Fort Lauderdale, FL 33305                      |
| 4) Change Add                                                | TR                                                                           | Mark H. Claherty                             | 1001 NE 36th Street Oakland Park, FL 33334     |
| Remove  5) Change                                            | <u>TR</u>                                                                    | ArtherLengyel                                | 1225 N. L Street<br>Lake Worth, FL 33460       |
| Remove 6) Change × Add                                       | <u>TR</u>                                                                    | James L. Hunter                              | 586 NF 35th Street #1 Oakland Park, F1, 33334  |
| E. If amending or addin (attach additional shee              |                                                                              | cles, enter change(s) here:<br>(Be specific) |                                                |
|                                                              |                                                                              |                                              |                                                |
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|                                                                                     |                                                       |
| The date of each amendment(s) adoption:                                             | if selection the                                      |
| The date of each amendment(s) adoption:                                             | , it other than the                                   |
| date this document was signed.                                                      |                                                       |
|                                                                                     |                                                       |
| Effective date <u>if applicable</u> : (no more than 90 days after amendme           |                                                       |
| (no more than 90 days after amendme                                                 | mt file date)                                         |
|                                                                                     |                                                       |
| Note: If the date inserted in this block does not meet the applicable statutory fil | ing requirements, this date will not be listed as the |
| document's effective date on the Department of State's records.                     |                                                       |

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

(CHECK ONE)

Adoption of Amendment(s)

| , ·i | 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 May 28, 2025                                                                                                                                                                         |
|      | Signature  (By the chairman of 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)                                                                                                                                                  |
|      | President (Title of person signing)                                                                                                                                                        |

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SECRETARY OF STATE A