

748527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

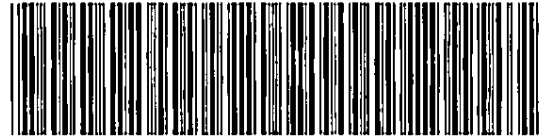
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FILED

2020 NOV -6 PM 1: 59

SECRETARY OF STATE
TALLAHASSEE, FL

11/12/20

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

20201111 11:52

October 21, 2020

TRACY WALTERS
9171 COLLEGE PARKWAY
FT. MYERS, FL 33919

SUBJECT: FT. MYERS LODGE # 1899 LOYAL ORDER OF MOOSE, INC.
Ref. Number: 748527

We have received your document for FT. MYERS LODGE # 1899 LOYAL ORDER OF MOOSE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

The form you submitted is for a PROFIT CORPORATION, but your entity is a NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

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.

Querida R Moore
Regulatory Specialist II

Letter Number: 420A00020888

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FORT MYERS LODGE #1899 LOYAL ORDER OF MOOSE INC

DOCUMENT NUMBER: 748527

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

Please return all correspondence concerning this matter to the following:

TRACY A. WALTERS
(Name of Contact Person)

(Firm/ Company)

9171 COLLEGE PKWY
(Address)

FORT MYERS FL 33919
(City/ State and Zip Code)

LOOM1899TW@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRACY A. WALTERS at 239-415-7342
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

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

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

Mailing Address

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

Street Address

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

FILED

FORT MYERS LODGE #1899 LOYAL ORDER OF MOOSE 2020 NOV 6 PM 4: 59 U.
(Name of Corporation as currently filed with the Florida Dept. of State)

748527

SECRETARY OF STATE
TALLAHASSEE, FL

(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:

_____ 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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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 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) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>ADMINISTRATOR</u>	<u>KEN DOWNING</u>	<u>5640 CHELSEY LANE APT. 201</u> <u>FORT MYERS FL 33913</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>ADMINISTRATOR</u>	<u>TRACY WALTERS</u>	<u>913 ADELPHI CT</u> <u>FORT MYERS FL 33919</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>JUNIOR GOVERNOR</u>	<u>BRADLEY STEWART</u>	<u>9199 GLADIOLUS PRESERVE</u> <u>FORT MYERS FL 33919</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>TRUSTEE</u>	<u>EDWARD DUFFNEY</u>	<u>16780 GINGER LANE #26</u> <u>FORT MYERS FL 33908</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TRUSTEE</u>	<u>DAN HACKWORTH</u>	<u>6142-2 PRINCIPAL DRIVE</u> <u>FORT MYERS FL 33919</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>TRUSTEE</u>	<u>JEFF RAWLINGS</u>	<u>1739 BIKINI CT</u> <u>CAPE CORAL FL 33904</u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

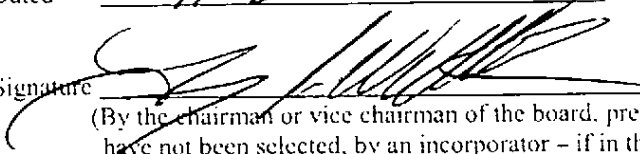
☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☐ 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

11-2-20

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)

TRACY A. WALTERS

(Typed or printed name of person signing)

ADMINISTRATOR

(Title of person signing)