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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: AMEGACAS	J Leylon Union Park Post 242 Inc
DOCUMENT NUMBER: 75 6 110	
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
Raymond Bernier	
	(Name of Contact Person)
American Legion Uni	on Park Post 242 Inc (Firm/Company)
P.C. Box 750353	
	(Address)
Orlando FL 325.	78
	(City/ State and Zip Code)
America 11 Legien Post 242 & E-mail address: (to be used	W.G.mail, Com
E-mail address: (to be used	d for future annual report notification)
For further information concerning this matter, please	e call:
Taymond Berniler	at 32/ 59/-5355 (Area Code) (Daytime Telephone Number)
(Name of Contact Person	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
	☐S52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

of	
Union Park Post No. 242 The American Legion DePartment of	Fla
Name of Corporation as currently filed with the Florida Dept. of State)	
756110	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the follownendment(s) to its Articles of Incorporation:	wing
A. If amending name, enter the new name of the corporation:	
American Legion union Park Post 242 Inc The	new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp," or "In "Company" or "Co." may not be used in the name.	
3. Enter new principal office address, if applicable: 17/42 & Colonial Dr. Principal office address MUST BE A STREET ADDRESS) OCLONEC, FL 32820	
Principal office address MUST BE A STREET ADDRESS)	
	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) P. O. Box 750353	
orlando, FL 37878	
01/6NOO, FL 3/8/8	
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: Raynand Berwier	
17/42 E Colonia Dr. (Florida street address)	
New Registered Office Address:	.
Orlanda 325-2	-C
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
- (A.)) \ \ - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Signature of New Registered Agent, if changing	— ა
	0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5
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If amending the Officers and/or Directors,	enter the title and r	name of each officer/dire	ctor being removed	and title, name,
and address of each Officer and/or Director	r 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 Si	ones .	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove		-	
4) Change Add	<u> </u>		
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti	icles, enter change(s) here: (Be specific)	
Noch to CI	HAGE	FEILEIN Wumber	
	J		
Old number	= - 59-	2137268	
New Neart	Er 59-	6200804	

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The date of each amendment(c) add	more than 90 days after amendment file date)	if other than the
date this document was signed.	cho l	, i oner man the
Effective date if applicable:	March 62 2020	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendmen.	nt(s)

Dated	Majsh 12 2020
Signatur	(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)
	Raymond BecNrcs
	(Typed or printed name of person signing)
	Finance ettices
	(Title of person signing)