764543

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



k Area, 21 -0101- 021 ••11.13

21 JUL-6 3H 8: 45

J DENNIS JUL 28 2021

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	POST NO. 8195, VETERANS OF FOREIGN WARS OF THE UNIT
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submit	tted for filing.
Please return all correspondence concerning this matter	to the following:
C	YNTHIA M. ADDISON
(1)	Name of Contact Person)
SOUTH BROWARD POST NO. 8195, VETERANS OF	F FOREIGN WARS OF THE UNITED STATES, INC
	(Firm/ Company)
44	114 PEMBROKE ROAD
	(Address)
WE	EST PARK, FL. 33021-1806
(C	City/ State and Zip Code)
cynt_is@hotmail.com	
E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, please ca	all:
CYNTHIA M. ADDISON	954 655-2154 at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made paya	able to the Florida Department of State:
	S43.75 Filing Fee & □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 Amendment Section Division of Corporations P.O. Box 6327	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

SOUTH BROWARD POST NO. 8195, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC

A FI J A	. Cl: 4 . D			
Name of Corporation as currently filed with the 764543	E FIUTIUM DO	ept. of State)		
(Docum	nent Numbe	r of Corporation (if kn	own)	
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes	s, this <i>Florida Not For</i>	Profit Corporation adopts th	e following
A. If amending name, enter the new name of the	e corporatio	on:		
Not Applicable		_		7934
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		on" or "incorporated"	or the abbreviation "Corp."	The new ' or "Inc."
B. Enter new principal office address, if applical	hlas	Not Applicable		
Principal office address MUST BE A STREET A				
	-			
	_			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX</u>)	Not Applicable		
	_		18.	
			<u> </u>	
D. If amending the registered agent and/or regis			nter the name of the	
new registered agent and/or the new register		<u></u>		
Name of New Registered Agent:	Not Applic	able		
		(Flor	ida street address)	
New Registered Office Address:				
			Florida	<u></u>
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing R	legistered A	Agent:		سه چنې
hereby accept the appointment as registered agent	t, Lam fam	iliar with and accept to	ne obligations of the position.	算
				င်ာ
_		CAT BY		24
	Sig	nature of New Register	ea Agent, if changing	9 .)
				₹

f amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name	c.
nd 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; CE() = Chief Executive Officer; CF() = 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 D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>TQMD</u>	VERNON NELSON	4414 PEMBROKE ROAD WEST PARK, FL. 33021-1806
	<u>TQMD</u>	CYNTHIA M. ADDISON	4414 PEMBROKE ROAD WEST PARK, FL. 33021-1806
Remove Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addin (attach additional shee	g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	

•		
		
	4	
		
	July 1 2021	
The date of each amendment	(s) adoption:	, if other than the
date this document was signed		
Effective date if applicable:	July 1, 2021	
	(no more than 90 days after amendment file do	nte)
Note: If the date inserted in the document's effective date on t	is block does not meet the applicable statutory filing require Department of State's records.	rements, this date will not be listed as the

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 Signature July 1, 2021 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 count appointed fiduciary by that fiduciary)
Cynthia M. Addison
(Typed or printed name of person signing)
Quartermaster

(Title of person signing)