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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	312 North Port INC		
DOCUMENT NUMBER: N04000000614			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
William Bruzdowski			
	(Name of Contact Pe	erson)	
AMVETS Post 312			
	(Firm/ Company	·)	
7050 Chancellor Blvd			
	(Address)		
North Port FL 34287			
	(City/ State and Zip (	Code)	·
amvets312men@verizon.net			
E-mail address: (to be	used for future annual rep	ort notification	n)
For further information concerning this matter, plo	ease call:		
William Bruzdowski	at	941	429-5403
(Name of Contact Per			(Daytime Telephone Number)
Enclosed is a check for the following amount mad	e payable to the Florida L	Department of S	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of State	& □S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Companyings		eet Address endment Section	on .

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 to Articles of Incorporation of

FILED
2027 JUN-2 AMII: 01

AMVETS Post 312 North Port Inc.

Name of Corporation as currently filed with the	e Florida Dept. of State)	ENERGIARY OF ST
N0400000614	<del> </del>	MALL AHASSEE, FLOOR
(Docur	nent Number of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For P	Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
		The new
name must he distinguishable and contain the word "Company" or "Co." may not be used in the nam	l "corporation" or "incorporated" o <u>e</u>	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET</u> A		
Trincipal Office address MOST BE A STREET A	<u>-</u>	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE</u>	<i>BOX</i> )	
	<u></u>	
D. If amending the registered agent and/or regi	stered office address in Florida, en	ter the name of the
new registered agent and/or the new register		
Name of New Registered Agent:	William Bruzdowski	
	41 Fountain St	
New Registered Office Address:	(Florid	a street address)
inches of the vitages.	Port Charlotte	33953
	(City)	Florida (Zip Code)
Now Designated Agent's Circumstance is shown in T		()
New Registered Agent's Signature, if changing F hereby accept the appointment as registered agen	xegistered Agent: t. I am familiar with and accept the	obligations of the position.
_	Wille By	
	Signature of New Registered	l 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	<u>PT</u> <u>John I</u> <u>V</u> <u>Mike .</u> <u>SV</u> <u>Sally S</u>	<u>lones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change _x Add	<u>CEO</u>	William Bruzdowski	41 Fountain St
Remove			Port Charlotte FL 33953
2) <u>*</u> Change Add	<u>V</u>	Carl Reis	10290 Hollendale dr Port Charlotte FL 33981
3 ) Remove Change × Add	<u>CFO</u>	James Liguori	5282 Boyle Terrace
Remove 4) Change Add			Port Charlotte FL 33981
Remove  5) Change Add			
Remove 6) Change Add	<del></del> -		
Remove			
E. <u>If amending or addi</u> (attach additional she	ng additional Artests, if necessary).	ticles, enter change(s) here: (Be specific)	
			18

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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.

Dat	ed 5/25/21
Sig	nature Will Books
-	(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)
	William Bruzdowski
	(Typed or printed name of person signing)

(Title of person signing)