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COVER LETTER

TO: Amendment Section .
Division of Corporations

American Legion Post 183 Inc NAME OF CORPORATION:
N5000003081
OOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kerryn McCollum
(Name of Contact Person)
American Legion Post 183 Inc
(Firm/ Company)
2706 Wells Avenue
(Address)
Fern Park, FL 32730
(City/ State and Zip Code)
oldglorycanteen@gmail.com
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Kerryn McCollum 407 485-3764
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
inclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status □\$4

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

American Legion Post 183 Inc

(Name of Corneration as currently filed with the Florida Dept. of S

(Name of Corporation as currently filed with the Florida	Dept. of State)	 _
N5000003081		
(Document Num	ber of Corporation (if known)	·
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts t	he following
A. If amending name, enter the new name of the corpora	ition:	
		The new
name must be distinguishable and contain the word "corpore "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp.	" or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	i)	
		3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	<u> </u>
		- 23 - 31
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	ice address in Florida, enter the name of the address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
new negatives office nativess.		
	, Florida	
New Registered Agent's Signature, if changing Registered	1 Acont	
I hereby accept the appointment as registered agent. I am fa		
S	ignature 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: XChange X Remove Add	PT John Do Y Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add X Remove	<u>S</u>	Melanie Golden	2706 Wells Avenue Fern Park, FL 32730
2) Change Add	<u>s</u>	Angela P. Rodriguez	2706 Wells Avenue Fern Park, FL 32730
Remove 3) Change Add Remove			
4) Change Add			
Remove 6) Change Add			
E. If amending or addin (attach additional shee	g additional Artic	cles, enter change(s) here: (Be specific)	

* .					
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	<u>-</u>				
The date of each amendment(s) adoptio	10/1/2020				tan an an an
date this document was signed.	,				_, if other than the
10/1/2020					
Effective date if applicable:					<u></u>
	(no more than 90 d	ays after amendmen	t file date)		
Note: If the date inserted in this block do	es not meet the appl	icable statutory filin	g requirements, ti	his date will not	be listed as the
document's effective date on the Departme	ent of State's record	ls.	~ · · · · · · · · · · · · · · · · · · ·		

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

(CHECK ONE)

Adoption of Amendment(s)

Dated	10/11/2020
Dated	
Signatur	
	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	onicacount appointed inductary by that inductary)
	Michael L. Browning
	Michael L. Browning
	Michael L. Browning