

ND5000004297

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Columbia County American Legion Auxiliary Unit 57, Inc.
Name of Corporation

DOCUMENT NUMBER: N05000004297

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

IRMA WEHRLI

Name of Contact Person

American Legion Auxiliary Columbia County Unit 57, Inc.

Firm/Company

Post Office Box 1846

Address

Lake City, FL 32056-1846

City/State and Zip Code

iwehrli@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Irma Wehrli

Name of Contact Person

at (386) 755-3814

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

COLUMBIA COUNTY AMERICAN LEGION AUXILIARY UNIT 57, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N05000004297

(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:

AMERICAN LEGION AUXILIARY COLUMBIA COUNTY UNIT 57, INC. 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**)

na

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

na

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: na

(Florida street address)

New Registered Office Address:

na

(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.

NA

Signature of New Registered Agent, if changing

The date of each amendment(s) adoption: NA 6-29-12

Effective date if applicable: this date
(no more than 90 days after amendment file date)

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 June 29 2012

✓ Signature IRMA WEHRLI

(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)

✓ IRMA WEHRLI

(Typed or printed name of person signing)

✓ By-Laws CHAIRMAN

(Title of person signing)