## NO6809

(Requestor's Name)
(Address)
(Address)
,
(City/Obert City/Dhara 49)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(SSSSIIGHT AUTHOS)
0.00.10
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000432034470



06/25/24--01013--012 \*\*35.00



JUL 18 2024 A RAMSEY

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	HIPFUL CYPRESS GRAM	ND LODGE O	F AF AND AM OF FLORIDA INC
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
LATANIA M RUISE			
	(Name of Contact Po	erson)	
RUISE & ASSOCIATES PA			
	(Firm/ Company	<i>'</i> )	
1761 N YOUNG CIRCLE STE 3 #110			
	(Address)	•	
HOLLYWOOD, FL 33020			
	(City/ State and Zip (	Code)	
E-mail address: (to be	used for future annual rep	ort notification	1)
For further information concerning this matter, pl	lease call:		
LATANIA M RUISE	at	786	393-7750
(Name of Contact Pe		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	de payable to the Florida I	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	•	Certifi s Certifi	O Filing Fee leate of Status led Copy tional Copy is sed)
Mailing Address Amendment Section		eet Address nendment Secti	on

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

FILED

of AM 9: 03

MOST WORSHIPFUL CYPRESS GRAND LODGE OF ANCIENT FREE AND ACCEPTED 1994 OF FLORIDA INCORPORATED

Name of Corporation as currently filed with the Flori	da Dept. of State)	VETERING - FINNS
N06809		-111
(Document Nu	imber of Corporation (if known	wn)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	ntutes, this <i>Florida Not For I</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
N/A		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRE	ESS)	
		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered	office address in Florida, er	iter the name of the
new registered agent and/or the new registered offi		-
Name of New Registered Agent: N/A		
<del></del>	(Florid	da street address)
New Registered Office Address:		
		, Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registe	red Agent:	
I hereby accept the appointment as registered agent. I am		v obligations of the position.
	Signature of New Registere	d 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	PT         John Do           V         Mike Jo           SV         Sally Sr	<u>ones</u>	
Type of Action (Check One)	Title	Name	Address
1) Change Add	<u>VP</u>	EDDIE RANDLE JR	PO BOX 2033 MIAMI GARDENS, FL 33055
x Remove			
2) Change Add	TR	DERRICK PETERS	PO BOX 2033 MIAMI GARDENS, FL 33055
X   Remove	<u>DIR</u>	PAUL GOURRIER JR	PO BOX 2033 MAMI GARDENS, FL 33055
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
N/A			

		<del></del>			<del></del>
					<del> </del>
					<del></del>
			<del></del>		
					<del></del>
<u> </u>	<del></del>	<del></del>		<del></del>	
				1	
		·			<del>.</del>
	•				<del>_</del>
		*			<del></del>
				_	
The date of each amendment(s) adopti date this document was signed.	on:				if other than the
Effective date if applicable:	(no more than 90	dane after amend	ment file date)		
	по тоге тап уо	aays ajier amena	meni jile dale)		
Note: If the date inserted in this block document's effective date on the Department.	oes not meet the ap- nent of State's reco	plicable statutory ords.	filing requirements.	, 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 6/20/24
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 court appointed fiduciary by that fiduciary)
KENNETH IVERY
(Typed or printed name of person signing)
PRESIDENT

(Title of person signing)