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COVER LETTER

TO: Amendment Section Division of Corporations

AMVETS Inc. William Crow Postt 4 NAME OF CORPORATION:	47
N08000000890 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following	g:
Brenda Binegar	
(Name of Conta	ct Person)
(Firm/ Com	pany)
PO Box 1217	
(Addres	s)
Inglis. FL 34449	
(City/ State and	Zip Code)
amvet447@comcast.net	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, please call:	
Brenda Binegar	352 477-0528 at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Flor	ida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Certified Copy (Additional coenclosed)	Certificate of Status

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

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	Article	es of Amendment		
	Article	to s of Incorporation of		2021 SE SECRI FALLAI
AMVETS Inc. William Crow 447				P N
(Name of Corporation as currently filed with th	e Florida I	Dept. of State)		
N08000000890				υ π. Τ
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	nent Numb	er of Corporation (if known)	E STATI
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida No</i> r	For Profit Corpora	tion adopts the following
A. If amending name, enter the new name of th	e corporat	ion:		
N/A				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		tion" or "incorpor	ated" or the abbrevi	
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET A		N/A)		
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 reginew registered agent and/or the new register		ddress:	da, enter the пате	of the
Name of New Registered Agent:		-		
	405 E Hw	y 40 E		
New Registered Office Address:			(Florida street address)	
	Inglis			34449
		(City)	, F	lorida 34449 (Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen		Agent:		
_	Si	gnature of New Reg	gistered Agent, if cha	ınging

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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove	<u>CDR</u>	Steve Addison	272 Gladys Ave Inglis. FL 34449
2) Change Add	ADJ	Joe Kuefner	19531 SE 116th Ave Ingli, FL 34449
x Remove 3) Change Add x Remove	FO	Joe Hozian	13781 SE Hwy 19 Inglis. FL 34449
4) <u>×</u> Change Add	CDR	Brenda Binegar	1720 N Lombardo Ave Lecanto, FL 34461
Remove 5) Change × Add Remove	VCDR	Darry McBroom	16669 SW 43 Terr Rd Ocala, FL 34473
6) Change Add	<u>PM</u>	Davie Byrne	12150 W Checkerberry Dr Crystal River, FL 34428
E. If amending or addi (attach additional she	ing additional Ai	rticles, enter change(s) here: (Be specific)	

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.

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Example: X/Change X/Remove X/Add	PT John De V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	HTR	Michael Thompson	8 Canterbury Rd Inglis, FL 34449
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add		· · · · · · · · · · · · · · · · · · ·	
Remove 6) Change Add Remove			
	g additional Artics, if necessary).	cles, enter change(s) here: (Be specific)	
N/A	·		
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The date of each amendment(s) adoption:	· 			_, if other than the
ate this document was signed.				
Effective date <u>if applicable</u> :				
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(no more)	ınun 90 uuys ajier am	епитені зне ааге)		

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

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 9/22 21
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) Brenda Blnegar
(Typed or printed name of person signing)
Commander

(Title of person signing)

2021 SEP 27 PM 6: 07
SECKLIARY OF STATE