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TO: Amendment Section Division of Corporations
SUBJECT: F.O. E. AUXILIARY SARA-MANA 44424 INC. Name of Corporation
DOCUMENT NUMBER: NO 8 0 0000 5 735
Please return all correspondence concerning this matter to the following:
CAROL Nelson Edwards
F.O.E. AuxiLiAry SARA-MANA #44Z4
720 South Tuttle Ave
SARASOTA, Florida 34237 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CAROI Nelson Edwards at 941 955 3620 Name of Contact Person Area Code & Daytime Telephone Number
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

CR2E045 (04/13)

Articles of Amendment to

Articles of Incorporation

of

F.O.E. Auxiliary SARA-MANA	1424 INC
Name of Corporation as currently filed with the Florida Dopt. of State)	
No 8 00000 5735	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corpora</i> mendment(s) to its Articles of Incorporation:	ation adopts the following
If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbrev. "Company" or "Co." may not be used in the name.	iation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SARASOTA	wood Ridge
(Principal office address MUST BE A STREET ADDRESS)	- 110ge
DARASOTA	7-1a 34243
,	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	10,7
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:	Ç.
Name of New Registered Agent:	ना । च
	<u>ù</u>
New Registered Office Address: (Florida street address)	22
	Torida
	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with and accept the obligations o	f the position.
	, ,
Signature of New Registered Agent, if cha	

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 De V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) : Change Add Remove	_Ρ_	· · · · · · · · · · · · · · · · · · ·	3312 FAUNA St. SARASUTA, 71a34235
2) Change Add	_ρ	GAYLE J. LELAND	620 57th Ave.W LOTC15 Bradenton, Ha34207
Remove 3) Change Add Remove	VP	MARCIA McDONAld	
4) Change Add Remove	<u>VP</u>	MARIE PARISH	11927 MOCCASIN WALLOW RUAD PARISH, Ha 34219
5) Change Add Remove	<u></u>	Victoria DubE	Bradenton Ha 34202
6) ChangeAddRemove	<u>+</u>	ShARON Smith	43 28 SAGE GRAIN TERRACE SARAGOTA Fla 34243
		D	

attach additional sheets, if necessary). (Be specif			
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		Hation of icenad charge	
an amendment provides for an exchange, recli provisions for implementing the amendment if	issification, or cance	mation or issued shares	<u> </u>
(if not applicable, indicate N/A)	int contained in the		
(ij nocuppicume, mucuse 1934)			
			

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	<u> </u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	e will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were addaction was not required.	opted by the incorporators, or board of directors without shareholder action	on and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	5)
	proved by the shareholders through voting groups. The following statemed each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	26/2020	
Signature	Taylok. Leland.	· · · · · · · · · · · · · · · · · · ·
	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other cour	1
	ted fiduciary by that fiduciary)	
	GAYLE J. LELAND (Typed or printed name of person signing)	
	MADAM PRESIDENT	
	(Title of person signing)	