

ND8000008549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

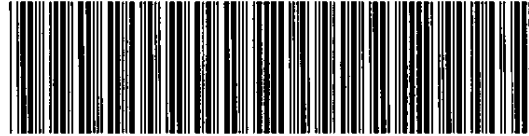
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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JUL 16 2015

C LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2015

RICHARD CROWNER
1901 NW 40 COURT
OAKLAND PARK, FL 33309 US

SUBJECT: AMERICAN VETERANS FOR EQUAL RIGHTS - FLORIDA GOLD
COAST CHAPTER INC
Ref. Number: N08000008549

We have received your document for AMERICAN VETERANS FOR EQUAL RIGHTS - FLORIDA GOLD COAST CHAPTER INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must fill out the fourth page. A officer or director must sign for the corporation. You must check one for adoption of amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 215A00013607

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: American Veterans For Equal Rights - Florida Gold Coast Chapter

DOCUMENT NUMBER: 85-8015192349C-5

The enclosed *Articles of Amendment* and fee are submitted for filing. Annual Report # NO800008549

Please return all correspondence concerning this matter to the following:

RICHARD CROWNER

(Name of Contact Person)

(Firm/ Company)

1901 N.W. 40 COURT

(Address)

OAKLAND PARK, FL 33309

(City/ State and Zip Code)

MCROW & MSN.COM

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

For further information concerning this matter, please call:

RICHARD CROWNER

(Name of Contact Person)

at (954) 677 8499

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
|--|---|---|--|

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

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6-30-15*

Articles of Amendment
to
Articles of Incorporation
of

American Veterans for Equal Rights - Florida Gold Coast Chapter

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

85-8015192349C-5 / Annual report # NS000008549

(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:

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)

RICHARD CROWNER

1901 N.W. 40 Court

OAKLAND PARK FL 33309

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

X

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: _____

(Florida street address)

New Registered Office Address: _____

_____, Florida _____
(City) (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.

Signature of New Registered Agent, if changing

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>P</u>	<u>GARY LEE LAWSON</u>	<u>1507 S.W. 30th PLACE</u> <u>FORT LAUDERDALE, FL 33315</u>
2) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>V</u>	<u>JAMES BASMAJIAN</u>	<u>3100 N. COURSE LANE</u> <u>BLVD # 401</u> <u>PAMPANO BEACH, FL 33069</u>
3) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>S</u>	<u>MARSHALL BELMINE</u>	<u>1920 N.W. 36 STREET</u> <u>OAKLAND PARK, FL 33309</u>
4) ____ Change ____ Add ____ Remove	<u>T</u> Same.	<u>RECHARD CROWNER</u>	<u>1901 N.W. 40 COURT</u> <u>OAKLAND PARK, FL 33309</u>
5) ____ Change ____ Add ____ Remove	_____	_____	_____
6) ____ Change ____ Add ____ Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

NONE

N0800000 8549

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(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 7/14/2015

Signature [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)

GARY LAWSON
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

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