N090000000452

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Вс	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000251269210

09/03/13--01012--012 **35.00

13 SEP - 3 PM 2: L.S

SEP 1 1 2013

T. BROWN

COVER LETTER

Division of Corporations
NAME OF CORPORATION: American Legion Auxiliary, Cooper Ct- Memorial Unit 321, Inc.
DOCUMENT NUMBER: NO900000452
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Debbie Schneider-Farmer (Name of Contact Person)
(Firm/ Company)
10451 Buenos Aires Street (Address)
Cooper City; Florida 33026 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Debbie Farmer at 954, 325-3044 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation

American Ugion Auxiliany C (Name of Corporation as currently filed with the 1. pri	poper CHy Memonal Unit	- 321, Inc
N 09 00000452 (Document Number of Corp	poration (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, amendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation adopts the	following
A. If amending name, enter the new name of the corporation	<u>n:</u>	
	N/A	_The new
name must be distinguishable and contain the word "corporation" "Company" or "Co." may not be used in the name.	on" or hincorporated" or the abbreviation "Corp." o	or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) .	ŊA	3 SEP -3 PH 2: 45
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade		
Name of New Registered Agent: Debra St	Chneider-Famer Juenos Aires St Florida street address)	
Cooper	CITY, Florida 33026 (Zip Code,	<u>'</u>

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 A Add		<u>Doe</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	<u>P</u> _	Patricia Anderson	9081 SW. 515+St. Cooper City, FL. 33328
2) Change Add		Theresa Craig	9081 SW 515+St. Cooper City, F1.33328
Remove 3) Change Add Remove	1	Carol Sain	9081 SW.5125t. Cooper City, F1.33328
4) Change Add Remove	<u>P</u>	Debra Schneider-Fai	mer 10451 Buenos Aires St. Ceoper City, Fl. 33026
5) Change Add Remove	<u>V</u>	Elsa App	1401 SW 135 Terrace Pembroke Pines Fl. 33027
6) Change	<u> </u>	Wanda Gill	3612 E Forge Rd. Dane, Fl. 33328
Remove		Page 2 of 4	

If amending or adding additi attach additional sheets, if nec	essary). (Be s	pecific)			
· · · · · · · · · · · · · · · · · · ·					
		,			
			· · · · · · · · · · · · · · · · · · ·		
			.		
		$\frac{1}{\sqrt{\Lambda_0}}$			
		N/K			
	· · · · · · · · · · · · · · · · · · ·				
		······································		··········	
					
			, •••	· · · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) a date this document was signed.	adoption: Mugust 13, 2-013	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	······
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s) val.	
There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were etors.	
Dated Signature	13/24013 and James	
have not b	nirman of vice chairman of the board, president or other officer-if directors been selected, by an incorporator — if in the hands of a receiver, trustee, or a appointed fiduciary by that fiduciary)	
<u>Dek</u>	Ora S. Farmer (Typed or printed name of person signing)	
-Pr	(Title of person signing)	