

N 09 00000 1995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

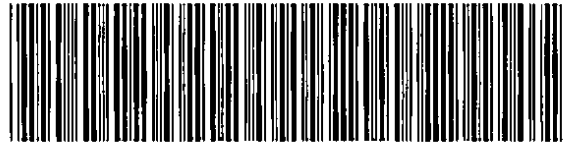
(Document Number)

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2018 AUG - 1 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FL

C GOLDEN

AUG - 6 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: American Legion Auxiliary Unit 250, Inc

DOCUMENT NUMBER: N09000001995

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lucille A Smith

(Name of Contact Person)

American Legion Auxiliary Unit 250, Inc

(Firm/ Company)

3939 County Road 218

(Address)

Middleburg, FL 32068

(City/ State and Zip Code)

tay6057@bellsouth.net

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

For further information concerning this matter, please call:

Lucille Smith

904

8618506

at

(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2018

LUCILLE A. SMITH **2ND MAILING**
POST OFFICE BOX 1813
MIDDLEBURG, FL 32050-1813

SUBJECT: AMERICAN LEGION AUXILIARY UNIT 250, INC.
Ref. Number: N09000001995

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 818A00014112

RECEIVED
18 AUG -1 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2018

LUCILLE A. SMITH
3939 COUNTY ROAD 218
MIDDLEBURG, FL 32068

SUBJECT: AMERICAN LEGION AUXILIARY UNIT 250, INC.
Ref. Number: N09000001995

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

Claretha Golden
Regulatory Specialist II

Letter Number: 818A00014112

RECEIVED
JUL 17 PM 12:14
CLERK OF
TALLAHASSEE

Articles of Amendment
to
Articles of Incorporation
of

AMERICAN LEGION AUXILIARY UNIT 250, INC.

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

N09000001995

(Document Number of Corporation (if known))

FILED

2018 AUG - 1 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FL

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:

N/A 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)

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 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:

N/A

(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.

N/A

Signature of New Registered 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:

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	Members ^{hip}	Hyatt, Brittany	3939 County Road 218
<input type="checkbox"/> Add			Middleburg, FL 32068
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	Member TRC	James, Sherry	3939 County Road 218
<input type="checkbox"/> Add			Middleburg, FL 32068XX
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	P	Lillian Harbaugh	3939 County Road 218
<input checked="" type="checkbox"/> Add			Middleburg, FL 32068
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	E-Board	Moore, Cathy	3939 County Road 218
<input type="checkbox"/> Add			Middleburg, FL 32068
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	E-Board	James, Sherry	3939 County Road 218
<input checked="" type="checkbox"/> Add			Middleburg, FL 32068
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	P	James, Sherry	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			

not sure if this is needed change above

(attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

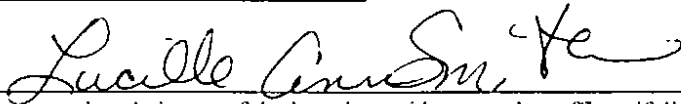
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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)

- ☒ 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 July 1, 2018 _____

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)

Lucille Ann Smith

(Typed or printed name of person signing)

Secretary/Treasurer

(Title of person signing)