

NO9000003085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Amend

11/19/09--01001--001 **35.00

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09 NOV 18 PM 2:35
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 NOV 18 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AVR
11/18/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: American Legion Auxiliary, Jake Pigott Memorial Unit 114, Inc

DOCUMENT NUMBER: NO 900000 3085

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

Please return all correspondence concerning this matter to the following:

Gracie Roberts
(Name of Contact Person)

(Firm/ Company)

360 Roberts Landing Road
(Address)

Sapchoppy, FL 32358
(City/ State and Zip Code)

fhgaf@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gracie Roberts at (850) 962-4923
(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

Articles of Amendment
to
Articles of Incorporation
of

FILED

09 NOV 18 PM 2:41

American Legion Auxiliary, Jake Pigott Memorial Unit #4, Inc
(Name of Corporation as currently filed with the Florida Dept. of State) FLORIDA

N09000003085

(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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Gracie Roberts

360 Roberts Landing Rd.

Sopchoppy, FL 32358

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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	<u>Sharon Kemp</u>	<u>P.O. Box 365</u> <u>Sopchoppy, FL 32358</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
V Pres./ Treasurer	<u>Gracie Roberts</u>	<u>360 Roberts Landing Rd</u> <u>Sopchoppy, FL 32358</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Secretary	<u>Betty Glover</u>	<u>486 E Ivan Road</u> <u>Crawfordville, FL 32335</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Linda Stalvey - remove			
Pres. Margie Pigott - remove			

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

FE1 Member 41-2262123

The date of each amendment(s) adoption: May 12, 2009
(date of adoption is required)

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 11/18/09

Signature Gracie Roberts
(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)

Gracie Roberts
(Typed or printed name of person signing)

Vice President/Treasurer
(Title of person signing)