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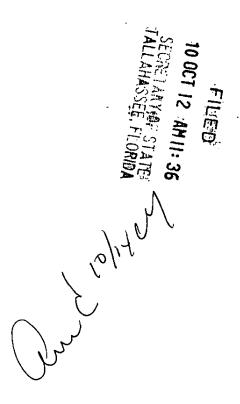
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: VFW Riders, I	Post 4143, Inc.	
DOCUMENT NUM	BER: N10000001877		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
		rice K. Clark	
	(Name of	f Contact Person)	
	VFW Ride	rs,Post 4143, Inc.	
	(Firm	n/ Company)	
	2404	l Broadway	
	(Address)	
	Riviera E	Beach,Fl. 33404	
	(City/ Sta	ate and Zip Code)	
		43@netscape.com	ation)
For further information	on concerning this matter, pleas	e call:	
Maurice K. Clark		at (561) 844-571	8
(Name	of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Departmen	t of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address	Street Address	•
	dment Section on of Corporations	Amendment Section Division of Corporation	ons
	Box 6327	Clifton Building	
	nassee, FL 32314	2661 Executive Cente	r Circle

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

VFW Rider	rs, Post 4143, Inc.	
(Name of Corporation as curre	ently filed with the Florida Dept. of S	tate)
N100	000001877	
(Document Num	nber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of In		Profit Corporation adopts
A. If amending name, enter the new name of	f the corporation:	
The new name must be distinguishable and coabbreviation "Corp." or "Inc." "Company" of		corporated" or the
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		36 A TE
D. If amending the registered agent and/or r		nter the name of the
new registered agent and/or the new regis	stered office address:	
Name of New Registered Agent:	Maurice K. Clark	·······
	2404 Broadway	
New Registered Office Address:	(Florida street address)	
• •	Riviera Beach	, Florida 33404
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered	ng Registered Agent: d agent. I am familiar with and acc	cept the obligations of the
position.	Signature of New Registered Agent, if co	hanaina

Page 1 of 3

. 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>	Address	Type of Action
PD	John Liguori	9780 Dahlia Ave. Palm Beach Gardens, Fl. 33410	☐ Add ☑ Remove
PD	Harland McLaren	1 Douglas Rd. Riviera Beach, Fl. 33404	☑ Add ☐ Remove
<u>SD</u>	Tyra Moran	9780 Dahlia Ave. Palm Beach Gardens, Fl. 33410	☐ Add ☐ Remove
	y or adding additional Articles, enter clional sheets, if necessary). (Be specific		
		·	
		•	

.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>	Name	Address	Type of Action
D	Emory Wallace	9192 Sunrise Dr.	
		Lake Park, Fl. 33403	Remove
SD	Maurice K. Clark	1670 Ave. H West	 ☑ Add
***************************************		Riviera Beach, Fl. 33404	☐ Remove
D	Maurice K. Clark	1670 Ave. H West	— ☑ Add
		Riviera Beach, Fl. 33404	☐ Remove
(attach c	ding or adding additional Articles, additional sheets, if necessary). (Be	enter change(s) here: e specific)	
<u></u>			
			<u> </u>
	·····		
<u></u>			

The date of each amendmen	t(s) adoption: 8/22/2010
' Effective date <u>if applicable</u> :	9/01/2010 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_9/01	/2010
Signature_	Tout Sharles
hav	the chairman or vice chairman of the board, president or other officer-if directors or not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Louis Shanley
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Page 3 of 3