110000003147

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e#) . |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | , | |
| | | |
| | | |

Office Use Only



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11/19/10--01009--001 **35.00

10 DEC -1 AM 8: 42

SECRETARY OF STATE

Amend

COVER LETTER

• **TO:** Amendment Section Division of Corporations

| NAME OF CORPO | DRATION: Fraternal Orde | er of Eagles Martin Co | ounty Auxiliary #38 |
|-----------------------|--|---|---|
| DOCUMENT NUN | ивек: <u>N1000003147</u> | | |
| The enclosed Article | es of Amendment and fee are sul | omitted for filing. | |
| Please return all cor | respondence concerning this mat | ter to the following: | |
| | | e Rose Farr | |
| | (Name of | Contact Person) | |
| | Fraternal Ordeer of Eagle | s martin County Auxillary | / #3896 |
| | (Firm | n/ Company) | |
| | 5099 Se | Pine Ridge Way | |
| | | Address) | |
| | Stua | rt, Fl 34997 | |
| | | te and Zip Code) | |
| | | @yahoo.com | (fication) |
| For further informat | ion concerning this matter, pleas | • | |
| | | | |
| Anne Rose Farr | | at (772) 220-1 | 238 |
| (Nam | e of Contact Person) | (Area Code & Da | ytime Telephone Number) |
| Enclosed is a check | for the following amount made p | payable to the Florida Departn | nent 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) |
| | ling Address | Street Address | ŕ |
| | endment Section | Amendment Section | |
| | sion of Corporations | Division of Corpor | rations |
| | Box 6327 ahassee, FL 32314 | Clifton Building 2661 Executive Ce | enter Circle |
| | | | |

Tallahassee, FL 32301



November 23, 2010

ANNE ROSE FARR 5099 SE PINE RIDGE WAY STUART, FL 34997

SUBJECT: FRATERNAL ORDER OF EAGLES MARTIN COUNTY AUXILIARY

#3896, INC.

Ref. Number: N10000003147

We have received your document for FRATERNAL ORDER OF EAGLES MARTIN COUNTY AUXILIARY #3896, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6964.

Letter Number: 810A00027472

Irene Albritton Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

Fraternal Order of Eagles Martin Count7 Auxiliary #3896

| (Name of Corporation as curr | ently filed with t | he Florida Dept. of S | itate) |
|---|--------------------|---|----------------------------|
| N10 | 000003147 | | |
| (Document Nur | mber of Corporati | on (if known) | |
| Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of I | | this Florida Not For | Profit Corporation adopts |
| A. If amending name, enter the new name of | of the corporation | <u>ı:</u> | |
| The new name must be distinguishable and cabbreviation "Corp." or "Inc." "Company" or | | | scorporated" or the |
| B. Enter new principal office address, if app | olicable: | | TALES |
| (Principal office address MUST BE A STREE | | | DEC - |
| | | | |
| | | 4444 | |
| C. Enter new mailing address, if applicable | | | 8: 40 P |
| (Mailing address MAY BE A POST OFFICE BOX) | | | 5 |
| | | | |
| | | | |
| D. If amending the registered agent and/or | registered office | address in Florida. e | nter the name of the |
| new registered agent and/or the new regi | | • | |
| Name of New Registered Agent: | Ann | e Rose Farr | |
| | 2904 9 | SE Waaler St. | |
| New Registered Office Address: | (Florid | da street address) | _ |
| | | Stuart | , Florida_34997 |
| | | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered position. | | | ept the obligations of the |
| position. | anne V | Pose Later | <u> </u> |
| .9 | Signature of New | Registered Agent if ch | nanoino |

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)

| Title | <u>Name</u> | <u>Address</u> | Type of Action |
|-------------|---|------------------|----------------|
| Treas. | Joanne T. Lowther | 2904 SE Waaler | ☑ Add |
| | | Stuart, FL 34997 | ☐ Remove |
| Treas. | Carey McMahon | same as above | |
| | | | |
| (attach add | ng or adding additional Articles, ditional sheets, if necessary). (Be e Farr (Correct spelling for na | specific) | |
| | | | |
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| The date of each amendmen | t(s) adoption: Nov. 5, 2010 |
|---|---|
| Effective date <u>if applicable</u> : | Nov. 5, 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_Nov | ember 28, 2010 |
| Signature _ | anne Rose Farm, Decretary |
| hav | the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator — if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary) |
| | Anne Rose Farr |
| | (Typed or printed name of person signing) |
| | Secretary |
| | (Title of person signing) |

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