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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	Fraternal Order of Ea	igles Martin County	Auxiliary #38	96, Inc.	1
DOCUMENT NUMBER:	N10000003147				
The enclosed Articles of Am	endment and fee are subm	nitted for filing.			1
Please return all corresponde	ence concerning this matte	r to the following:			
Anne Rose Farr					'
		(Name of Contact Po	erson)		
		(Firm/ Company	·)		
5099 SE Pine Ridge Way					
		(Address)			1
Stuart, FL 34997					
		(City/ State and Zip	Code)		1
anniroz@yahoo.com					1
F	-mail address: (to be used	for future annual rep	ort notificatio	n)	
For further information conc	eming this matter, please	call:			
Anne Rose Farr		at	772	220-1238	
	(Name of Contact Person)		(Area Code)	(Daytime Telep	hone Number)
Enclosed is a check for the f	ollowing amount made page	yable to the Florida I	Department of	State:	1
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status		Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing A			reet Address		
Amendment Section Division of Corporations			Amendment Section Division of Corporations		
P.O. Box 6			fton Building		
	e, FL 32314		61 Executive C	Center Circle	1

Tallahassee, FL 32301

## Articles of Amendment to

Articles	of Incorporation	17 (** 3 ** ** * * *)
Fraternal Order of Eagles MARTI (Name of Comparation as curren	. A	# 3896, Inc.
N1000000	3147	
	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit Corp</i>	poration adopts the following
A. If amending name, enter the new name of the corporati	ion:	
name must be distinguishable and contain the word "corporate	tion" or "incorporated" or the abb	The new reviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	on the agen	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5099 SE Pino Ridge Way	
· · · · · · · · · · · · · · · · · · ·	Stuart, EL.: 34997-	
		****
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a		me of the
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
		Ĺ
New Registered Office Address:	(Florida street addi	ress)
-		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fai		ns of the position.
	, , , , , , , , , , , , , , , , , , ,	
Si	ignature of New Registered Agent, i	f changing

Page I of 4

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 X Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones ly Smith	;
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Lorraine Manning	2904 SE Waaler St
Add			Stuart, FL 34997
X Remove			
2) Change	VP	Kathleen Boulet	2904 SE Waaler St.
X Add			Stuart, FL 34997
Remove			
3) Change			
Add			
Remove			
4) Change		····	<u> </u>
Add			
Remove			
5) Change			
Add	<del></del>		
Remove			
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6) Change		-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,	
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Remove			1

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The date of each amendment date this document was signed		, if other than the
Effective date if applicable:	July 19, 2017	
	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements, this date wil he Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/was/were sufficient for ap	vere adopted by the members and the number of votes east for the amendment(s) oproval.	
There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
July 2 Dated	25, 2017	
Signature	anne Rose Farr	
have r	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
Ar	ine Rose Farr	1
<del>-</del> -	(Typed or printed name of person signing)	ı
Se	cretary	ı
	(Title of person signing)	