N10000006886

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: North Star Loc	dge # 4	05 Free and Ad	ccepted Masons of
DOCUMENT NUM	BER: N10000006886			
The enclosed Articles	of Amendment and fee are sub	mitted for	· filing.	
Please return all corre	espondence concerning this mat	ter to the f	following:	
 -	Lawre	ence Kur	ıken	
	(Name of	Contact P	erson)	
	(Firm	n/ Compan	у)	
	9401 N	W 42nd \$	Street	
	. (,	Address)		
<u></u>	Coral Sprin			
	(City/ Sta	te and Zip	Code)	
	LKunl E-mail address: (to be use	ken@att	net e annual report notif	ication)
For further information	on concerning this matter, please	e call:		
Lawrence Kunker		at (954) 75336	
(Name	of Contact Person)		(Area Code & Day	time Telephone Number)
Enclosed is a check for	or the following amount made p	payable to	the Florida Departme	ent of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Certif	3.75 Filing Fee & Ted Copy tional copy is used)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. I	ng Address adment Section ion of Corporations Box 6327 nassee, FL 32314		Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

Articles of Amendment to Articles of Incorporation of

NORTH STAR LODGE UD FREE AND ACCEPTED MASONS OF Florida Inc

(Name of Corporation as currently filed with the Florida Dept. of State) N10000006886 (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: NORTH STAR LODGE #405 FREE AND ACCEPTED MASONS OF FLORIDA, INC. 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) 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) (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) Type of Action **Title** <u>Name</u> Address □ Add ☐ Remove ☐ Add ☐ Remove ☐ Add Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

(1900) 医有关性性性结合性 (1900)

The date of each amendmen	nt(s) adoption: JUNE 1, 2011
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) oproval.
There are no members of adopted by the board of c	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.
Dated_JU	NE 17, 2011
Signature	I. Kernelin
(E ha	By the chairman or vice chairman of the board, president or other officer-if directors are not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
	LAWRENCE KUNKEN
	(Typed or printed name of person signing)
	SECRETARY
	(Title of person signing)

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