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COVER LETTER

FO: Amendment Section Division of Corporations
AMERICAN LEGION AUXILIARY,
NAME OF CORPORATION: DELAND UNIT 6, INC.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CHRISTINE COWSERT
(Name of Contact Person)
AMERICAN LEGTON AUXILIARY ADAM GUINNIE UNIT 6, INC.
(Firm/ Company)
1087 BISCAYNE BLVD
(Address)
DELAND FL 32724
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CHRISTFINE COWSERT at 380, 748-5010
(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:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of FILED

2015 HAR 19 PH 3: 25

		of	LU DE STATE
AMERICAN LEGION	AUXILIAR	1 DELAND	UNITY OF STATE FLORIDA
(Name of Corporation as currently	filed with the Flor	ida Dept. of State)	2
	8000000		
(Docu	ment Number of Cor	rporation (if known)	
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporati		s, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name	ne of the corporation	on:	
AMERICAN LEGION AUXT name must be distinguishable and contain "Company" or "Co." may not be used in		on" or "incorporated"	UNT 6, INC. The new or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, it (Principal office address MUST BE A ST	Tapplicable: REET ADDRESS	N/A	
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O	FFICE BOX) Vor registered office		nter the name of the
			ENT
Name of New Registered Agent:		NE COWS	
New Registered Office Address:			T AVE, DELAND, FL 32724
	N/A		, Florida NA
	(City)		(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	red agent. Jam fam		

Page 1 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	PT John Doe Y Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change Add Remove	T KATHLEEN S. BENNETT	270 LAKE MAMIE RD DELAND, FL 32/24
2) Change Add	T CHRISTINE COWSERT	DELAND, FL 32724
Remove 3) Change Add Remove	P DANI RODE	1625 SALVADOR ST DELAND, FL 32720
4) Change Add Remove		
5) Change Add Remove		
6) Change Add		

mending or adding additional Art such additional sheets, if necessary).	(Be specific)			
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		<u> </u>		
		 		

date this document was signed.	option: <i>.</i>		, if other than the
Effective date if applicable:	N/A	-	
	(no more than 90 days after	amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	\	
The amendment(s) was/vere ad was/were sufficient for approva		nber of votes cast for the amendment(s)	
There are no members or members adopted by the board of director		nent(s). The amendment(s) was/were	
Dated 3-/2	-2015	_	
Signature Dega	Rock		
(By the chair	man or vice chairman of the board	, president or other officer-if directors	
	en selected, by an incorporator – if appointed fiduciary by that fiduciar	in the hands of a receiver, trustee, or ry)	
	DANI RODE		
	(Typed or printed name of person	signing)	
	PRESIDENT		
	(Title of person signing)	