N10000009482

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10 (28/14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: American Legion Riders Chapter 197 INC
DOCUMENT NUMBER: N 100000 9482
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joann Miller
(Name of Contact Person)
(Firm/ Company)
3147 Gladys Street
(Address)
Jacksonville, Florida 32209 (City/ State and Zip Code)
(City/ State and Zip Code)
Miller John 57 P. Gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joon Miller at (904) 482-9460 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(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 \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee \\ Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

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•	01				
American Legion Ri	ders Ch	apter	197 1	AICOCT 17	<u>РМ 4: 42</u>
(Name of Corporation as currently filed	with the Florida D	ept. of State)	1		CESTATE
N1000000948	2			ALLAHASSE	E. FLORIDA
(Document N	Number of Corporat	ion (if known))	A.	*
Pursuant to the provisions of section 617.1006, F amendment(s) to its Articles of Incorporation:	lorida Statutes, this	Florida Not I	For Profit Corp	poration adopts	the following
A. If amending name, enter the new name of t	he corporation:				
name must be distinguishable and contain the wa "Company" or "Co." may not be used in the na	me.				,
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET)	<u> </u>			ict Ru 101 322	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	EBOX) 3	147 (Ksonvi)	Stadys 11e 761	Stree rida 3	<u>+</u> 3 <u>2.2</u> 69
D. If amending the registered agent and/or renew registered agent and/or the new regist Name of New Registered Agent: 314	ered office address Cann M +7 Glady	::)i(ler		ame of the	
New Registered Office Address:					
J	ncksonvill	e	Florid	_{la} 322	109
	(City)		, , , 10110	(Zip C	'ode)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age Signature.		with and acce bered Agent. if		ons of the positio	on.

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		Doe Jones Smith	•
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>P</u>	Titia A. Jackson	1947 N. Pearl Street Jacksonville, 719 32206
Remove			
2) Change	<u>P</u>	Jann Miller	3147 Gladys Street Jacksonville 7-la 32209
Remove 3) Change Add	<u></u>	Cortez Keel	2179 Benedict Road Jacksonville, 740 32209
Remove			
4) Change Add	<u>T</u>	Maryann Coates	2119 Holcoft Drive Jackson Ville 719 37208
Remove			
5) Change			
Add Remove		,	
		·	
6) Change Add			
Remove			

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s was/were sufficient for approval.)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated 10-15-14 Signature Opan Mille	
Signature Mull	
(By the chairman or vice chairman of the board, president or other officer-if directors	
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
JOANN MillER	
(Typed or printed name of person signing)	
President	
(Title of person signing)	