M10000010866

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(Address)
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(City/State/Zip/Phone #)
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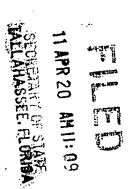
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: St. Johns Cou	inty Firefighters Bene	volent Fund, Inc.
DOCUMENT NUM	MBER: N10000010866		
The enclosed Article	es of Amendment and fee are sub	omitted for filing.	
Please return all cor	respondence concerning this mat	ter to the following:	
		E. Schafer	
	(Name of	Contact Person)	
	St. Johns County Firef	ighters Benevolent Fund	, Inc.
	(Fim	n/ Company)	
	1960 US 1	South Suite 204	
	(Address)	
		ne, Florida 32086	
	(City/ Sta	te and Zip Code)	
		piafflocal3865.org d for future annual report not	ification)
For further informat	ion concerning this matter, pleas	e call:	
Max E. Schafer		at (904) 887-0	0791
(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)
Mailing Address Amendment Section		Street Address Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corpor Clifton Building	rations
Tallahassee, FL 32314		2661 Executive Ce Tallahassee, FL 32	

Articles of Amendment to



Articles of Incorporation	11 APR 20	The A
of	<i>20 ™ 20</i>	AM //: 09
St. Johns County Firefighters Benevolent Fu	nd Anc	
(Name of Corporation as currently filed with the Florida De	ept. of State	TLORES
 N10000010866		
(Document Number of Corporation (if known)		.*

on:	
	acorporated" or the
N/A	
	nter the name of the
N/A	
rida street address)	· ······
N/A	, Florida N/A (Zip Code)
	N/A N/A N/A N/A N/A N/A ee address in Florida, eddress: N/A

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A	N/A		
<u>N/A</u>	N/A	· · · · · · · · · · · · · · · · · · ·	
N/A	N/A		
(attach d	additional sheets, if neces	al Articles, enter change(s) here: sary). (Be specific) IMITATIONS" number "5. Dissolution" (Changing the
following	sentence: "Upon wir	ding up and dissolution of the Corporati	ion,
the asse	ts of the Corporation	remaining after payment of all debts and	d liabilities shall be
distribute	d to an organization	ecognized as exempt under section 50	1(c)(4) of the
Internal	Revenue Code of 198	36 to be used exclusively for charitable a	and
education	nal purposes.		
То:		•	
"Upon wi	nding up and dissolu	ion of the Corporation,	
the asset	s of the Corporation	remaining after payment of all debts and	d liabilities shall be
distribute	d to an organization	ecognized as exempt under section 50	1(c)(3) of the
Internal F	Revenue Code of 198	6 to be used exclusively for charitable a	and
educatio	nal purposes.		
			,
			· · · · · · · · · · · · · · · · · · ·

The date of each amendmen	t(s) adoption: 4-7-11
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/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 4-7- Signature	11 Man Jahren
(By	the chairman or vice chairman of the board, president or other officer-if directors
	ve not been selected, by an incorporator — If in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Max E. Schafer
	(Typed or printed name of person signing)
	Treasurer
	(Title of person signing)

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