(Requestor's Name) (Address) (Address) (Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (Business Entity Name) (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
Special Instructions to Filing Officer:	



		COVER LETTE	R		2818
TO: Amendment Section Division of Corporations		•			2878 SEP
NAME OF CORPORATION:	American Legion Au	ixiliary Lakeland Ur	nit 4 Inc.		<i>^</i>
n11 DOCUMENT NUMBER:	00000301			······	
The enclosed Articles of Amend	ment and fee are subm	itted for filing.			
Please return all correspondence	concerning this matter	to the following:			
Pamela Snyder					
	(Name of Contact Per		<u> </u>	
American Legion Auxiliary La	keland Unit 4 Inc.				
	· · · · · · · · · · · · · · · · · · ·	(Firm/ Company)			
1375 Ariana St.					
		(Address)		· · · · · · · · · · · · · · · · · · ·	
		(7/00/088)			
Lakeland FL 33803		(Audress)			
Lakeland FL 33803	(City/ State and Zip C	ode)		
Lakeland FL 33803	(· · ·	ode)		
psnyder3@brighthouse.com	() il address: (to be used i	City/ State and Zip C		٦)	
psnyder3@brighthouse.com	il address: (to be used l	City/ State and Zip C for future annual repo		ו)	
psnyder3@brighthouse.com E-ma	il address: (to be used l	City/ State and Zip C for future annual repo all:		680-1720	
psnyder3@brighthouse.com E-ma For further information concerni Pamela Snyder	il address: (to be used l	City/ State and Zip C for future annual repo all:	ort notification 863		
psnyder3@brighthouse.com E-ma For further information concerni Pamela Snyder	il address: (to be used f ng this matter, please c me of Contact Person)	City/ State and Zip C for future annual repo all:at	ort notification 863 (Area Code)	680-1720 (Daytime Telephone Numbe	r)
psnyder3@brighthouse.com E-ma For further information concerni Pamela Snyder (Na Enclosed is a check for the follo	il address: (to be used f ng this matter, please c me of Contact Person)	City/ State and Zip C for future annual repo all: atatat	ort notification 863 (Area Code) epartment of 3 certif Certif	680-1720 (Daytime Telephone Numbe State: 0 Filing Fee icate of Status ied Copy tional Copy is	

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Articles of Amendment
to
Articles of Incorporation
of



American Legion Auxiliary Lakeland Unit 4 Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

(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:

Α.	If amending name,	, enter the	new name	e <u>of th</u> e	e corporation	ŝ

NA		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorpor	ated" or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRE</u>	NA (355)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	NA	
· · ·		
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		ida, enter the name of the
Name of New Registered Agent:		
<u>New Registered Office Address</u> :		(Florida street address)
•	·····	Florida
	(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

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)

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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.

<u>X</u> Change <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>V</u> <u>Mi</u>	<u>in Doe</u> <u>ke Jones</u> <u>ly Smith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change	т	Pamela Snyder	304 Young Place
Add			Lakeland, FL 33803X
X Remove			
2) Change	Τ	Ronna Wright	1049 Hidden Court
A Add			Lakeland, FL 33809
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add		· · · · · · · · · · · · · · · · · · ·	
Remove		Page 2 of 4	

F. If amending or adding additional Art	icles, enter change(s) here:	
(attach additional sheets, if necessary).	(Be specific)	
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The date of each amendmer	
late this document was signe	1.
Effective date <u>if applicable</u> :	<u></u>
	(no more than 90 days after amendment file date)
	his block does not meet the applicable statutory filing requirements, this date will not be listed as the the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) pproval.
There are no members o adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.
Aug Dated	ust 12, 2018
Dated	\bigcirc (
Signature 🕇	amolai Anudai)
	the 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
other	court appointed fiduciary by that fiduciary)
P	amela Snyder
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President

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(Title of person signing)

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