## N12000000847

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	
N12000000847 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Krystal Wilber	
(Name of Contact P	erson)
American Legion Auxiliary Inc.	
(Firm/ Compan	y)
898 James Lee Blvd	
(Address)	
Crestview, FL 32539	
(City/ State and Zip	Code)
alauxiliaryunit75@gmail.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please call:	
Patricia Roberts	830 221-6493
(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

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

American Legion Auxiliary, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N12000000847 (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: 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. n/a B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: n\a (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: (Florida street address) New Registered Office Address: n\a (Zip Code) (City) 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)

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 Do           V         Mike Jo           SV         Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>P</u>	Pannasch.Painela	
× Remove			
2) × Change Add	<u>P</u>	Roberts, Patricia	7697 Four Flags Road Laurel Hill, FL 32587
Remove 3)	<u>V</u>		427 Whirlaway Drive Crestview, FL 32539
4) Change Add	<u>S</u>	Lynch, Stephanie	3285 Fairway Place Crestview, FL 32539
Remove 5) Change Add	<u>V</u>	Moore, Yvette	
<ul> <li>X Remove</li> <li>6) Change Add</li> </ul>		<del></del>	
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
10.0			
	<u>.</u>		
		<del></del>	

n\a		·
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•		
The date of each amendment date this document was signed	s) adoption: n\a	, if other than the
Effective date if applicable:	r\a	
	(no more than 90 days after amendment shock does not meet the applicable statutory filing	

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

	07/10/2022
Dated	
Signature (	Intricial Hoberto
(	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)
	Patricia Roberts

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