## N12000001917

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<del>;</del> #)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	deration INC	<u>,                                      </u>	
N12000001917 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this matt	ter to the following:		
Marlene Arrow			
	(Name of Contact I	Person)	
National Liberty Federation INC			
	(Firm/ Compar	ıy)	
4300 S US Hwy 1, Suite 186			
	(Address)		
Jupiter, FL 33477			
	(City/ State and Zip	Code)	· ·
E-mail address: (to be used	d for future annual re	port notificati	ion)
For further information concerning this matter, please	call:		
Marlene Arrow	0	561	676-6921
(Name of Contact Persor		(Area Code	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida	Department of	of State:
\$35 Filing Fee	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	is Cert (Ad	50 Filing Fee tificate of Status tified Copy ditional Copy is closed)
Mailing Address	Street Address		
Amendment Section Division of Corporations	Amendment Section Division of Corporations		

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

A POST IS DE ST. ST.

## Articles of Amendment to Articles of Incorporation

of

National Liberty Federation INC	
· · · · · · · · · · · · · · · · · · ·	as currently filed with the Florida Dept. of State)
N12000001917	
(Docur	ment Number of Corporation (if known)
ursuant to the provisions of section 617.1006, Flo mendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For Profit Corporation adopts the following
If amending name, enter the new name of the	e corporation:
	The new
ame must be distinguishable and contain the word Company" or "Co." may not be used in the nam	d "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
. Enter new principal office address, if applica	4300 S US Hwy 1
Principal office address MUST BE A STREET A	
	Jupiter, FL 33477
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i> )
If amending the registered agent and/or registered agent and/or the new register	stered office address in Florida, enter the name of the red office address:
Name of New Registered Agent:	Marlene Arrow
Name of New Registered Agent:	Marlene Arrow 4300 S US Hwy, 1, Ste 186
	4300 S US Hwy, 1, Ste 186 (Florida street address)
Name of New Registered Agent:  New Registered Office Address:	4300 S US Hwy, 1, Ste 186 (Florida street address)

Page 1 of 4

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 D Y Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	C	Everett Wilkinson	4521 PGA Blvd
Add			115
x Remove			Palm Beach Gardens, FL 33418
2) Change	C	David Abbotts	4300 S US Hwy 1
X Add			ste 186
Remove			Jupiter, FL 33477
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		_	
Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
-	
	<del>-</del>
<u></u>	
	<del></del>

	Oct. 12, 2018	
The date of each amendment(s)		, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the	block does not meet the applicable statutory filing requirements, this date will no Department of State's records.	nt be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) oval.	
There are no members or me adopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.	
Dated Oct. 12.	Deld Ciroson	
(By the ch	airman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or rt appointed fiduciary by that fiduciary)	<del></del>
Marle	ne Arrow	
	(Typed or printed name of person signing)	
Secret	ary/Treasurer	
<del></del>	(Title of person signing)	