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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

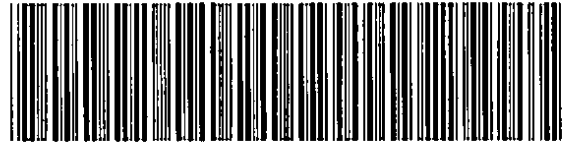
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2020 AUG -6 AM 11:59

FILED

AUG 10 2020
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2020

HARLEM TURNER JR
PO BOX 484
LAKELAND, FL 33802

SUBJECT: ROSE HEIGHTS ELKS LODGE #318 INC.
Ref. Number: N12000006124

We have received your document for ROSE HEIGHTS ELKS LODGE #318 INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 420A00013434

2020 JUL 10 10:01 AM

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Rose Heights Elks Lodge #318 Inc

DOCUMENT NUMBER: X12000006124

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Harlem Turner JR
(Name of Contact Person)

Rose Heights Elks Lodge #318 Inc
(Firm/ Company)

1020 N. Texas Ave
(Address)

Lakeland FL 33805
(City/ State and Zip Code)

Et/turner at AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harlem Turner at 813-309-4638
(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:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|---|--|

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

Already paid for

Articles of Amendment
to
Articles of Incorporation
of

Rose Heights Elys Lodge #31821
(Name of Corporation as currently filed with the Florida Dept. of State)

N/2000006124
(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:

Same The new 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.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

(Same)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

(Same)

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: (Same)

New Registered Office Address:

(Same)
(City)

(Florida street address)

Florida

(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.

(Same)

Signature of New Registered Agent, if changing

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Leogold D Morris</u>	<u>5523 Starway Loop</u> <u>Lakeland FL 33807</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Margois Roberts</u>	<u>5508 Lake Luther Road</u> <u>Lakeland FL 33805</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

A said organization is organized exclusively for charitable religious ~~and~~ educational and scientific purposes including for such purposes the making of distributions to organization that qualify as exempt organization described under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future

Federal tax code. Upon the dissolution of the organization, assets shall be distributed for one or more exempt purpose within the meaning of section 501(c)(3) of the internal revenue code or corresponding section of any future Federal tax code, or shall be distributed to the Federal government or to a state or local government for public purpose.

The date of each amendment(s) adoption: 6-3-20, 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 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.

- ☐ 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 6-3-20

Signature Harlem Turner Sr

(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)

Harlem Turner Sr

(Typed or printed name of person signing)

President

(Title of person signing)