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COVER LETTER

TO: Amendment Section Division of Corporations	Edward C. Desaussure
NAME OF CORPORATION: AMerica	Edward C. Desaussure In Legion Auxiliary, Ketty S. Misson Unit 9
	0008269
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Robers	ta A. Tucker
American Legion Au	Name of Contact Person) Xiliany, Kelly S. Mixon Unit 9, Inc. (Fight/Company)
6242	Old Soute / Ct.
Sacksonville	City/ State and Zip Code)
	g Mail. Com used for future annual report notification)
For further information concerning this matter, ple	
Roberta Tucker	- a (904) 554-1570
(Name of Contact Per	rson) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount mad	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of State	
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

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

American Legion Auxiliary,	Edward C Desaussure Unit9, In
(Name of Corporation as currently filed with the Florida f	ept. of State)
N1200000 8	269
	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
, , , , , , , , , , , , , , , , , , ,	on: PHS Mixon Unif 9, The. The new ion" of "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2920
	ញ :
	1
C. Enter new mailing address, if applicable:	ω
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	Pi :
	72
	- ω
	<u> </u>
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	e address in Florida, enter the name of the
Name of New Registered Agent: RO	berta A. Tucker
42	42 Old Soutel Ct.
New Registered Office Address:	(11) 30 ,11((1)
5001	(conville 32219
<u> </u>	Son Ville Florida 32219 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am fai	niliar with and agcept the obligations of the position.
	16 A Test
$ S_{i}$	gnature 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.

Wike Simes, Fus Rem	ore, and builty tom	an, or as an row.	
Example: X Change X Remove X Add	<u>V Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add		Tommie Richter	6242 Old Soutel Ct Sacksonville, FC 32219
Remove 2) Change Add	P	Amanda Pope	N/A
Remove Change Add Remove		Raven Van Pelt	N/A
4) Change Add	PD	Roberta Tucker	62420 ld Soutel Ct Sacksonville, FL 32219
Remove 5) Change Add	ST	Linda Motola	
Remove 6) Change Add			
Remove E. If amending or ad (attach additional s		Page 2 of 4 Articles, enter change(s) here: v). (Be specific)	

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		·-		
	1	Page 3 of 4		
T1 1 2 6 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
The date of each amendment(s) adopti date this document was signed.	ion:			, if other than the
Effective date if applicable:				
	(no more than 90 day	s after amendment fil	le date)	
Note: If the date inserted in this block document's effective date on the Departr	oes not meet the applic ment of State's records.	able statutory filing re	equirements, this date will no	ot be listed as the
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 01-28-2020 Signature Loluke A June hu
(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)
Roberta A. Tucker (Typed or printed name of person signing)
President

(Title of person signing)