## N1200000 8269

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: American Legion A	uxiliary, Kelly J. Mi	xon Unit 9, Inc	2.
N12000008269			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
Roberta Tucker			
	(Name of Contact F	Person)	
American Legion Auxiliary, Kelly J. Mixon Unit 9, 1	ne		
	(Firm/ Compar	ıy)	· · ·
6242 Old Soutel Court			
	(Address)		
Jacksonville, FL 32219			
	(City/ State and Zip	Code)	
bertagirl61@gmail.com			
E-mail address: (to be use	d for future annual re	port notificati	on)
For further information concerning this matter, please	e call:		
Roberta Tucker	a	(904) t	554-1570
(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida	Department o	f State:
■ \$35 Filing Fee  \$\Bigcup \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Cert is Cert (Add	50 Filing Fee ificate of Status ified Copy litional Copy is losed)
Mailing Address		treet Address	vtion.

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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, Kelly J. Mixon Unit 9, Inc.

(Name of Corporation as currently filed with the Flori	da Dept. of State)	
N12000008269		
(Document No	umber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not Fo	er Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	poration" or "incorporated	The new I" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>ESS</u> )	
		2020 J
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
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 offi	ce address:	
Name of New Registered Agent:		
New Registered Office Address:	(FI	orida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I are		the obligations of the position.
	Signature of New Regist.	ered Avent 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>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change × Add	<u>v</u>	Joan A. Mansfield	6242 Old Soutel Ct Jacksonville, FL 32219
Remove			
2) Change Add	<u>v</u>	Tommic Richter	
x Remove 3) Change x Add Remove	<u>T</u>	Dawn Smith	6242 Old Soutel Ct Jacksonville, FL 32219
4) Change Add	ST	Linda Motola	
× Remove			
5) Change Add	<u>S</u>	Marissa Overcash	6242 Old Soutel Ct.  Jacksonville, FL 32219
Remove			<del></del>
6) Change Add			
Remove			
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	

The date of each amendment(s) adoption:		. •			
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.					
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	document's effective date on the De	partment of State's reco	pheanic statutory in rds.	ing requirements, this date	will not be listed as the

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  Signature  (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 Tucker
(Typed or printed name of person signing)
President
(Title of person signing)