

N120000010451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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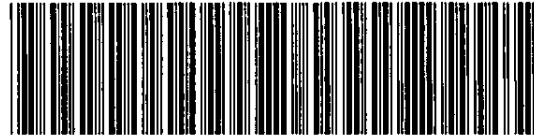
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JAN -4 AM 10:17

Amend
10 1.9.13

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: *Friends of the American Legion of St Petersburg 11/NIC

DOCUMENT NUMBER: N12000010451

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

Please return all correspondence concerning this matter to the following:

Tristan O'Connell

(Name of Contact Person)

(Firm/ Company)

4250 Park Blvd

(Address)

Pinellas Park, FL 33781

(City/ State and Zip Code)

tristan.oconnell@mac.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tristan O'Connell

410

346-5357

at (_____) _____

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

to
Articles of Incorporation
of
Friends of the American Legion of St Petersburg, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

N12000010451

(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:

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**) 4250 Park Blvd
Pinellas Park, FL 33781

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

4250 Park Blvd
Pinellas Park, FL 33781

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:

Friends of the American Legion, INC.

4250 Park Blvd

(Florida street address)

New Registered Office Address:

Pinellas Park

(City)

33781

, 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.


Signature of New Registered Agent, if changing

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DIVISION OF CORPORATIONS
13 JAN -4 AM 11:17

At the meeting 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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Support Organization Svcs</u>	<u>4250 Park Blvd</u> <u>Pinellas Park, FL 33781</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Tarheel Corp Mgmt Svcs</u>	<u>7114 Bluebell Ct</u> <u>Lakewood Ranch, FL</u> <u>34202</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Michelle Wheller</u>	<u>7114 Bluebell Ct.</u> <u>LAKWOOD RANCH, FL.</u> <u>34202</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>MICHELLE WELLER</u>	<u>7114 BLUEBELL CT.</u> <u>LAKEWOOD RANCH, FL.</u> <u>34202</u>
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			

1. **Introduction:** The study aims to investigate the impact of the COVID-19 pandemic on the mental health of healthcare workers.

2. **Methodology:** A cross-sectional survey was conducted among healthcare workers in various hospitals and clinics. The survey included a demographic questionnaire and a validated mental health assessment tool.

3. **Results:** The study found that a significant proportion of healthcare workers reported symptoms of anxiety, depression, and stress. The severity of these symptoms was correlated with factors such as the duration of the pandemic, the intensity of the workload, and the availability of personal protective equipment (PPE).

4. **Conclusion:** The findings highlight the need for comprehensive mental health support for healthcare workers during the COVID-19 pandemic. This support should include access to counseling services, stress management training, and adequate PPE.

5. **Recommendations:** Healthcare organizations should implement measures to reduce the workload of healthcare workers, ensure the availability of PPE, and provide regular mental health check-ups.

December 5, 2012

The date of each amendment(s) adoption: _____

December 5, 2012

Effective date if applicable: _____

(no more than 90 days after amendment file date)

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

Dec 5, 2012

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)

Tristan O'Connell

(Typed or printed name of person signing)

President, Support Organization SACS

(Title of person signing)

Pres, Friends of the Amer Legion