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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Fraternal Order of Ea	gle Aerie #4002 & A	ux #4002 Cor	poration	
	N12118				
DOCUMENT NUMBER:				****	
The enclosed Articles of Am	nendment and fee are subn	nitted for filing.			
Please return all corresponde	ence concerning this matte	r to the following:			
Bart G Hill					
		(Name of Contact Per	rson)		
Fratemal Order of Eagle Ae	erie #4002				
		(Firm/ Company)	· · · · · · · · · · · · · · · · · · ·		
26511 Southern Pines Dr					
		(Address)			
Bonita Springs FL 34135-6	5120				
		(City/ State and Zip C	lode)		
bonitaeagles4002@gmail.co	om				
F	-mail address: (to be used	for future annual repo	ort notification	n)	<u>v</u>
For further information conc	erning this matter, please	call:			
Bart G Hill		at _	239	498-9599	
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number	r)
Enclosed is a check for the f	ollowing amount made pay	vable to the Florida D	epartment of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	O Filing Fee icate of Status ied Copy tional Copy is osed)	
84-111 A	and all are area.	64			

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

Articles of Amendment to Articles of Incorporation of

Fraternal Order of Eagle Aerie #4002 & Aux.#4002 Corporation

(Name of Corporation	as current	tly filed with th	ie Florida Dept. of	State)	
N12118					
(Docum	ent Numbe	er of Corporation	on (if known)		
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statute	s, this <i>Florida i</i>	Not For Profit Corp	noration adopts th	e followir
A. If amending name, enter the new name of the	corporati	on:			
N/A					The ne
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	•	ion" or "incorp	porated" or the abh	reviation "Corp."	
B. Enter new principal office address, if applical	ble:	N/A			
(Principal office address <u>MUST BE A STREET A</u>				:	
					<u>8</u>
				22.0	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
C. Enter new mailing address, if applicable:		N/A			<u> </u>
(Mailing address <u>MAY BE A POST OFFICE I</u>	<u>80X</u>)			-11 g	-p [
				·.	ؽ
					75
 If amending the registered agent and/or registered agent and/or the new registered. 			lorida, enter the na	ame of the	
	N/A				
Name of New Registered Agent:				.= .	
		***	(Florida street ada	lress)	
New Registered Office Address:			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	N/A			. Florida	
		(City)		(Zip Code)	
New Registered Agent's Signature, if changing R	legistered .	Agent:			
hereby accept the appointment as registered agent	t. Lam fan	niliar with and	accept the obligation	ons of the position	•
-	C:	anatura of Men	Registered Agent.	if changing	
	21	хнаште ој <i>не</i> w	registerea Agent,	ij cnanging	

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	<u>V</u> <u>M</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	William C Lucek	25601 Impatiens Ct
Add			Bonita Springs FL 34135-9413
X Remove			
2) Change	P	Robert M Shaffer	27245 ELAINE DR
X Add			Bonita Springs F1. 34135-6061
Remove			
3) Change	V	Joanne M Lynch	22558 Island Lakes Dr
Add			Estero FL 33928-2337
X Remove			
4) Change	<u>v</u>	Bonalynn Kensinger	25710 LAKE AMELIA WAY
X Add			Unit 102
Remove			Bonita Springs FL 34135-3850
5) Change	TR	Gary W Howard	26264 Williamsburg Dr
Add			Bonita Springs FL 34135-6161
X Remove			
6) Change	TR	Ronald E Libby	25632 LILAC CT
X Add			Bonita Springs FL 34135
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
Remove TR Ronald Trudeau 27406 Rue Viauv Ave Bonita Springs FL 34135						
Add TR Joyce Deleo 10128 N Silver Palm Dr Estero FL 33928						
Add TR Dorothy Reese-Griffith 25730 Impatiens CT Bonita Springs FL 34135						

	date of each amen this document was		ption:	, if other than the
	ective date <u>if applic</u>	08/29/	2018	
			(no more than 90 days after amendment file date)	
	_		t does not meet the applicable statutory filing requirements, this date will northment of State's records.	ot be listed as the
Add	option of Amendme	ent(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficien		pted by the members and the number of votes cast for the amendment(s)	
	There are no memi		rs entitled to vote on the amendment(s). The amendment(s) was/were is.	
	Dated	08/29/2018		
	Signature		1) Liel	
		have not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
		Bart G Hil	1	
			(Typed or printed name of person signing)	
		Secretary,	Fraternal Order of Eagle Aerie #4002	
		<u> </u>	(Title of person signing)	