N12118

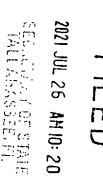
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	FRATERNAL ORE	DER OF EAGLE AE	RIE #4002 & A	UX.#4002 CORPORATION
NI DOCUMENT NUMBER:	2118			
The enclosed Articles of Amend	dment and fee are sub	omitted for filing.	·	
Please return all correspondence	e concerning this mat	ter to the following:		
Bart G. Hill				
		(Name of Contact F	'erson)	
FRATERNAL ORDER OF EA	GLE AERIE #4002 &	& AUX.#4002 CORF	PORATION	
		(Firm/ Compan	y)	
26511 Southern Pines Dr				
		(Address)		
Bonita Springs FL 34135-612	0			
	<u></u>	(City/ State and Zip	Code)	······································
bonitaeagles4002@gmail.com				
E-ma	ail address: (to be used	d for future annual re	port notification	n)
For further information concern	ing this matter, please	e call:		
Bart G. Hill		aı	239	498-9599
(Na	ime of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the follo	owing amount made p	ayable to the Florida	Department of	State:
■ \$35 Filing Fee □	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certifi is Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Add	rece	S+	root Address	

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

Articles of Amendment to Articles of Incorporation

FRATERNAL ORDER OF EAGLE AERIE #4002 & AUX.#4002 CORPORATION

(Name of Corporation as currently filed with the	ie Florid	a Dept. of State)	
N12118			
(Docu	ment Nur	nber of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Stat	utes, this <i>Florida Not F</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the	не согрог	ation:	
N/A			The nev
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam	d "corpo	ration" or "incorporate	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if application	able:	N/A	
(Principal office address MUST BE A STREET)	<u>ADDRES</u>	<u>·S</u>)	20
			
			2 -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be		N/A	550 O I
MAT BE ATOST OFFICE	<u>bua</u>)		nin I
		· · · · · · · · · · · · · · · · · · ·	<u> </u>
			20 1
D. If amending the registered agent and/or regi	stered of	Mice address in Florida	, enter the name of the
new registered agent and/or the new register	red office	address:	
Name of New Registered Agent:	N/A		
	N/A		
New Registered Office Address:		(F	lorida street address)
	N/A		
		(City)	, Florida (Zip Code)
			(Elp Coue)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registere	d Agent;	the obligations of the position
, , , , , , , , , , , , , , , , , , , ,	- w iii j	unu uccepi	me congunous of the position.
-		Signature of New Regist	ered 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.

Example: X/Change X/Remove X/Add	PT John I Y Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add	TR	Douglas Fernandes	10321 WINDLEY KEY TER BONITA SPRINGS, FL 34135-6608
X Remove			
2) Change Add	TR	Cindy Elder	26198 EARL RD BONITA SPRINGS FL 34135-6522
3) Remove Change X Add Remove	TR	Dorothy Reese-Griffith	25730 IMPATIENS CT BONITA SPRINGS FL 34135
4) Change Add	<u></u>		
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	ng additional Arti	icles, enter change(s) here: (Be specific)	
			
	- <u>.</u>		

		
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		·····
The date of each amendment(s) adoption date this document was signed.	on: 07/06/2021	_, if other than the
Effective date if applicable: 07/13/202	i	
and it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the applicable statutory filing requirements, this date will not beent of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	

Signature (By the chairman or vice chairman of the board, president or other off have not been selected, by an incorporator – if in the hands of a rece other court appointed fiduciary by that fiduciary) Bart G. Hill (Typed or printed name of person signing)	cer-if directors
have not been selected, by an incorporator – if in the hands of a rece other court appointed fiduciary by that fiduciary) Bart G. Hill	cer-if directors
	er, trustee, or
(Typed or printed name of person signing	
Secretary	