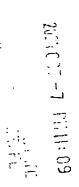


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FRATERNAL ORDER OF	EAGLE AERIE #4002 & AUX.#4002 CORPORATION
DOCUMENT NUMBER: N12118	
The enclosed Articles of Amendment and fee are submitted f	or filing.
Please return all correspondence concerning this matter to the	following:
BART HILL	
(Name	of Contact Person)
FRATERNAL ORDER OF EAGLE AERIE #4002 CORPO	RATION
(F	rm/ Company)
26511 SOUTHERN PINES DR	
	(Address)
BONITA SPRINGS FL 34135-6120	
(City/	State and Zip Code)
bonitaeagles4002@gmail.com	
E-mail address: (to be used for ful	ure annual report notification)
For further information concerning this matter, please call:	
BART HILL	239 498-9599 at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable t	o the Florida Department of State:
(Ado	75 Filing Fee & S52.50 Filing Fee fied Copy litional copy is cosed) S\$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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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

(Name of Corporation as currently filed with the Florida	Dept. of State)	772 Cat
N12118		202.007-7 FXII: 09
(Document Num	ber of Corporation (if kn	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not Fo</i>	Profit Corporation adopts the following . F
A. If amending name, enter the new name of the corpora	ution:	
FRATERNAL ORDER OF EAGLE AERIE #4002 CORPO	RATION	The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorporated	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS		
(1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 ×		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
D. If amending the registered agent and/or registered off		enter the name of the
new registered agent and/or the new registered office	address:	^
Name of New Registered Agent:	~//	<u> </u>
	(Flo	orida street address)
New Registered Office Address:		
		, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for		the obligations of the position.
	Signature of New Registe	red 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 D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change Add	<u>T</u>	BARBARA DULIN	9601 ROSEWOOD POINTE TER - BONITA SPRINGS, FL 34135
X Remove			
2) Change Add	<u>v</u>	JOHN LAWLESS	27831 WISCONSIN ST BONITA SPRINGS, FL 34135
X Remove 3) Change Add X Remove	TR	RONALD GRIFFITH	25730 IMPATIENS CT BONITA SPRINGS, FL 34135
4) Change X Add	<u>T</u>	DAWN ALLEN	11409 N CAROLINA DR BONITA SPRINGS, FL 34135
Remove 5) Change	<u>TR</u>	KEITH LOMBARDI	26369 NEW ORLEANS DR BONITA SPRINGS, FL 34135
6) Change X Add	<u>v</u>	JEFFREY BRADFORD	14950 SCHOONER BAY LN APT 19104
E. If amending or additional she		icles, enter change(s) here: (Be specific)	NAPLES, FL 34119

·		
		
The date of each amendment date this document was signed		, if oth
Effective date if applicable:	10/01/2024	
	(no more than 90 days after amendment file	date)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Dated	09/30/2024
Signatur	Sal) I del
B	(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)
	BART G HILL
	(Typed or printed name of person signing)
	SECRETARY