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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phor	ne #)
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(Do	cument Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

AME OF CORPORATION: PALM REAC	H COUNTY DEMOCA	ATIC VETERANS' CAUCUS OF	Floring, IN
OCUMENT NUMBER: #130000	04775	· · · · · · · · · · · · · · · · · · ·	
e enclosed Articles of Amendment and fee are sub	mitted for filing.		
ease return all correspondence concerning this matt	er to the following:		
LAWAGNEE C	HAYT		
-	(Name of Contact Perso	n)	
PBCDVeF	(Firm/ Company)		
	(Firm/ Company)		
860 SUN DISC PL	Ac 6		
	(Address)		
BOYNTON BEACH	1, FL 33436- 2	017	
	(City/ State and Zip Cod	le)	
LOACHMAN 33436 CY	AHOD. CUM		
E-mail address: (to be used	for future annual report	notification)	
further information concerning this matter, please	cali:		
LAWRENCE CHAYT (Name of Contact Person)	at (56)	733-4179	
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)	
losed is a check for the following amount made pa	yable to the Florida Depa	artment of State:	
\$35 Filing Fee \$\square\$\$43.75 Filing Fee &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee	
Certificate of Status	Certified Copy	Certificate of Status	
	(Additional copy is	Certified Copy	
	enclosed)	(Additional Copy is Enclosed)	
Mailing Address		Address	
Amendment Section Division of Compositions		ment Section	
LIVISION OF COMMISSIONS	Dixácio		

Amendment Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



June 11, 2013

Lawrence C. Hayt PBCDVCF 860 Sun Disc PL Boynton Beach, FL 33436

SUBJECT: PALM BEACH COUNTY DEMOCRATIC VETERANS CAUCUS INC

Ref. Number: N13000004775

We have received your document for PALM BEACH COUNTY DEMOCRATIC VETERANS CAUCUS INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is incomplete. The second, third and fourth page are missing. I have enclosed a blank page 2, 3 & 4 for you to fill out and return to us when you resubmit the entire document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 813A00014678

Annette Ramsey Regulatory Specialist II

www.sunbiz.org

District of Community D.O. DOV 6997 Melleleners Florida 9991

Articles of Amendment Articles of Incorporation of

FII ED

	01	1 10	
PALM BEACH COUNTY DEM (Name of Corporation as currently filed with the Fig.	OCRATIC CAL	ICUS, INGO ILIN !	8 PM 12: 55
(Name of Corporation as currently filed with the Fig	rida Dept. of Sta	<u>te</u>)	TATE
N/30000047		SECRE IA	SEE. FLORIDA
(Document Number of Corpor	ation (if known)	D.	
rsuant to the provisions of section 617.1006, Florida Statute endment(s) to its Articles of Incorporation:	s, this <i>Florida No</i>		adopts the follow
If amending name, enter the new name of the corporat	ion:		
LM BEACH COUNTY DEMOCRATIC VETERANS CAU	cus of flow	DAJINC,	The n
me must be distinguishable and contain the word "corpora	tion" or "incorpo	rated" or the abbreviatio	
ompany" or "Co." may not be used in the name.	•	1/0	
Enter new principal office address, if applicable:		4/17	
rincipal office address <u>MUST BE A STREET ADDRESS</u>)		
			
		<i>,</i>	
Enter new mailing address, if applicable:	人	1 /A	
(Mailing address MAY BE A POST OFFICE BOX)		/ '	
, ·			
If amending the registered agent and/or registered office		rida, enter the name of t	<u>he</u>
new registered agent and/or the new registered office a	ddress:		
Name of New Registered Agent:	N/H		
			
	(Florida street addres	el .	
w Registered Office Address:		- /	
		*** **	
(City)		, Florida (Zip Code)	
(Chy)		(Lip Code)	
w Registered Agent's Signature, if changing Registered			
ereby accept the appointment as registered agent. I am fai	niliar with and ac	cept the obligations of th	e position.
	•		
Signature of New Regis	tered Agent. if cha	inging	

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>Mike</u>	Doe Jones Smith	NO	CHI	ANGES
Type of Action (Check One)	<u>Title</u>	<u>Name</u>			Address
1) Change	<u></u>			· .	
Add					
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6)Change					
Add					
Remove					

If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)							
	VO /	AMEN	DMENT	5 A	T アト	115	TIM
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		<u> </u>					

The date of each amendment(s) at	aoption.
Effective date if applicable:	
· · · · · · · · · · · · · · · · · · ·	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a was/were sufficient for approv	adopted by the members and the number of votes cast for the amendment(s) val.
There are no members or mem adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were tors.
Dated	115/2013
have not be	irman or vice chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
	AWRENCE CHAYT (Typed or printed name of person signing)
TR	(Title of person signing)