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TO: Amendment Section
Division of Corporations

NAME OF CORPORATI	BARNHART LEAR ON:	NING CENTER,I	∛C		
	N14000004375				
DOCUMENT NUMBER:					
The enclosed Articles of An	nendment and fee are subr	nitted for filing.			
Please return all correspond	ence concerning this matte	er to the following:			
Robert Walker					
		(Name of Contact	Person)		
Veterans of Foreign War Po	ost 251				
		(Firm/ Compa	пу)	<u>.</u>	
343 Attatulga Road					
		(Address)			
Lamont Florida 32336					
		(City/ State and Zi	p Code)		
Post251@vfwtl.org					
1	E-mail address: (to be used	for future annual r	eport notificati	on)	
For further information con-	cerning this matter, please	call:			
Robert Walker			850 at	901-4596	
- -	(Name of Contact Person))	(Area Code) (Daytime Telephone N	umber)
Enclosed is a check for the	following amount made pa	yable to the Florid	a Department o	of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	Cert y is Cert (Ad	50 Filing Fee ificate of Status ified Copy ditional Copy is closed)	

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

BARNHART LEARNING CENTER, INC

(Name of Corporation as currently filed with the Flori	ida Dept. of State	2)		
N14000004375				
(Document N	umber of Corpora	tion (if known)		
Pursuant to the provisions of section 617.1006, Florida St amendment(s) to its Articles of Incorporation:	tatutes, this <i>Floria</i>	la Not For Profit C	Corporation adop	ts the following
A. If amending name, enter the new name of the corp	oration:			
JEFFERSON COUNTY VETERANS OF FOREIGN WA	ARS POST 251, II	NC		The new
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	poration" or "inc	orporated" or the a	abbreviation "Co	orp." or "Inc."
B. Enter new principal office address, if applicable:	900 Mamie	Scott Drive		
(Principal office address MUST BE A STREET ADDRI	ESS) Monticello,	Florida 32344		
				~
	· -		尹	SE PS
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NI/A			Cise FEB
(muning uturess <u>may be a 1051 0111CE box)</u>	1011		1	
			· · · · · · · · · · · · · · · · · · ·	A A
				<u> </u>
D. If amending the registered agent and/or registered	office address in	Florida, enter the	e name of the	5.5 1.54 1.54 1.54 1.54 1.54 1.54 1.54 1
new registered agent and/or the new registered off	ice address:			Sim O
Name of New Registered Agent:	1/4			
				<u> </u>
New Registered Office Address:		(Florida street	address)	
			m : t	
 -	(Citv)		, Florida (Zip Cod	<u>'le)</u>
N. D. tra. I.A. d. Cl. con us likely and Destru			·	
New Registered Agent's Signature, if changing Registed I hereby accept the appointment as registered agent. I a		nd accept the oblig	ations of the posi	tion.
	/11 de-	<u> </u>		
	Signature of No	ew Registered Ager	it, 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee		onal Articles, enter change(s) here: essary). (Be specific)	
Al4			

	
	
	 <u>=</u>
	
	
	
	
The date of each amendment(s) adoption: 2/13/25	
The date of each amendment(s) adoption: 2/13/25 if date this document was signed.	other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	sted as the

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)

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 <u>2 13 2.5</u>
Signature Signature Signature of the heart provident or other officer if directors
(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)
(Typed or printed name of person signing)
Carden Made
(Title of person signing)

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