N140000 11090

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100332703971

08/13/19--01012--016 ++35.00

2019 AUG 13 PM 3: 1.8

C. GOLDEN AUG 1 9 Z019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	AMERICAN LEGIO ON:	N POST 199, INC.			
DOCUMENT NUMBER:	N14000011090				
The enclosed Articles of Am	endment and fee are subm	nitted for filing.			
Please return all corresponde	nce concerning this matter	r to the following:			
ARTHUR D. OWENS, PRI	ESIDENT				
		(Name of Contact Pe	erson)		
AMERICAN LEGION POS	ST 199, INC.				
		(Firm/ Company	·)	72.44	-
PO BOX 8278					
		(Address)			
WEST PALM BCH, FL 33-	107				
		(City/ State and Zip	Code)		
melvinfields39@yahoo.com	1				
E	-mail address: (to be used	for future annual rep	ort notification	1)	
For further information conc	erning this matter, please of	call:			
ARTHUR D. OWENS		-11	561	312-9005	
	(Name of Contact Person)			(Daytime Telephone ?	Sumber)
Enclosed is a check for the f	ollowing amount made pay	yable to the Florida I	Department of	State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status		Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	

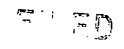
Mailing Address

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



AMERICAN LEGION POST 199, INC.

2019 4110	13	PM	3:	1.	ድ
-----------	----	----	----	----	---

(Name of Corporation	as currently filed with the Flori	da Dept. of State)
N14000011090		
(Docur	nent Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
D. If amending the registered agent and/or regi	stered office address in Florida	enter the name of the
new registered agent and/or the new register		the name with
Name of New Registered Agent:	KEITH D. KERN, PA	
	238 NE IST AVE	
<u>New Registered Office Address:</u>		orida street address)
	DELRAY BCH	, Florida 33444
	(City)	(Zip Code)
New Registered Agent's Signature, if changing land the land in the		the obligations 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, as 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 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	\underline{V} Mi	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	ROBERT D. MILLER JR	1307 PALM BCH LAKES BLVD
Add			WEST PALM BCH FL 33401
X Remove			
2) Change	Р	ARTHUR D. OWENS	5301 LAKE SHORE DR
X Add			WEST PALM BCH FL 33401
Remove			
3) Change	VP	JAMES VAUGHN	PO BOX \$278
Add			WEST PALM BCH FL 33407
X Remove		N	
4) Change	VP	CARL STEELY, SR.	1439 13TH ST
X Add		CARL STEELY, SR.	WEST PALM BCH FL 33401
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
THE NAME FOR VICE PASSIDENT has been COMA	relad to Carl SHEELy Sn.		
	09		
	0		
	,		
	<u> </u>		

	07/08/2019	
	this document was signed.	if other than the
Effe	tive date if applicable:	
	(no more than 90 days after amendment file date)	
	inthe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be iment's effective date on the Department of State's records.	listed as the
Ado	otion of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	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 08/09/2019 Signature Arrikur D. Quens	
	Signature Arikur D. Quens	
	(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)	
	ARTHUR D. OWENS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	