N 14052

_____
(Requestor's Name)

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: _The Grand Female Protective Society Lody._
No 10, Inc.

DOCUMENT NUMBER: _N14052_

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rosa L. Rutledge
(Name of Contact Person)

The Grand Female Protective Society, Lodge #10, Inc.
(Firm/ Company)

12610 NW 39th Ave
(Address)

Gainesville, FL 32606
(City/ State and Zip Code)

Rutledgerosa @ aol. Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosa L. Rutledge at _352 495-2776_
(Name of Contact Person)   (Area Code)   (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ $35 Filing Fee   ☐$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)

Articles of Amendment
to
Articles of Incorporation
of

__Female Protective Society Lodge #2, Inc.__

(Name of Corporation as currently filed with the Florida Dept. of State)

__N14052__

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

__The Grand Female Protective Society Lodge N0 10 Inc__ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

__12610 NW 39th Ave__
__Gainesville, FL 32606__

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

__12610 NW 39th Ave__
__Gainesville, FL 32606__

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: __Rutledge, Rosa__

__15531 SW 95th Ave - Archer, FL 32618__
(Florida street address)

New Registered Office Address:

__Gainesville__ , Florida __FL 32606__
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

__Rosa L. Rutledge__
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 i 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   PT   John Doe
X Remove   V   Mike Jones
X Add   SV   Sally Smith

Type of Action (Check One)	Title	Name	Address
1) **X** Change ___ Add ___ Remove	Chief	Rosa Rutledge	15531 SW 95th Ave Archer, FL 32618
2) **X** Change ___ Add ___ Remove	VC	Mary Mosley	3525 SE 18th Ave Gainesville, FL 3264
3) **X** Change ___ Add ___ Remove	S	Barbara Ann Smith	P.O. Box 1415 High Springs FL 32655
4) **X** Change ___ Add ___ Remove	T	Jane Brockington	231 NW 55th St Gainesville, FL 32607
5) **X** Change ___ Add ___ Remove	FS	Sulmarie Duncan	501 SW 75th St. #F8 Gainesville, FL 32607
6) ___ Change **X** Add ___ Remove	D	Elizabeth Turner	29 SE 49th Dr. Gainesville, FL 32641

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

X Remove TFS Rush, Linde L 17315 NW 32nd Ave
Newberry, FL 32669

X Remove T Donley, Gail 1139 SE 39th St
Melrose, FL 32666

X Remove P Fields, Linda 1315 SE 11th Ave
Gainesville, FL 32641

The date of each amendment(s) adoption: _____, if other than t
date this document was signed.

Effective date <u>if applicable</u>: <u>February 25, 2019</u>
(no more than 90 days after amendment file date)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption 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   <u>February 28, 2019</u>

Signature   <u>Rosa L. Rutledge</u>
(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)

<u>Rosa L. Rutledge</u>
(Typed or printed name of person signing)

<u>Chief</u>
(Title of person signing)