## N14292

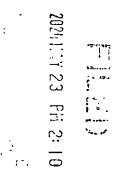
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: 4108 Aerie Imm	nokalee, Fraternal Order of Eagles, Inc
DOCUMENT NUMBER: N14292	
The enclosed Articles of Amendment and fee are submitted for fi	ling.
Please return all correspondence concerning this matter to the foll	lowing:
William Rolle	
	Contact Person)
(Firm/	Company)
P.O. Box 5063	
	ddress)
Immokalee, FL 34142	
(City/ State	and Zip Code)
FOE 4 108 @ yaho( E-mail address: (to be used for future a	O.Com
· ·	
For further information concerning this matter, please call: $23$	7-675-6110
William Rolle	at 239 - 675 - <b>6</b> 946
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the	e Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status Certified (Addition enclosed)	Copy Certificate of Status nal copy is Certified Copy
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

	D : (5: : )	2077
(Name of Corporation as currently filed with the Florida	Dept. of State)	23 Pil 2: 1
N/A	+	· 6. I
(Document Num	ber of Corporation (if known)	1
	,	1, 1972
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not For Profi</i>	t Corporation adopts the following
A. If amending name, enter the new name of the corpora	ition:	
A	U/A	The new
name must be distinguishable and contain the word "corport "Company" or "Co." may not be used in the name.	ation" or "incorporated" or th	
	A1//	
B. Enter new principal office address, if applicable:	·· <u>// //</u>	<u> </u>
(Principal office address <u>MUST BE A STREET ADDRESS</u>	2)	
	<del>- ,</del>	
C. Enter new mailing address, if applicable:	NIA	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
		<del></del>
D. If amending the registered agent and/or registered off	San addusen in Klawida, antow	the name of the
new registered agent and/or the new registered office		the name of the
	<u> </u>	
Name of New Registered Agent:	N/ <u>A</u>	
	•	
<del></del> -	(Florida str	eet address)
New Registered Office Address:	1. 15.1.114 21.	201 444. 251.,
	(C: )	, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	d Agent:	
I hereby accept the appointment as registered agent. I am for		ligations of the position.
•	-	
	N/	A
	Signature of New Registered As	

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 I           V         Mike           SV         Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	-ρ	William Rolle	P.O. Box 5063 Immoralre, FL 34143
Remove  2) Change Add		Elva Montes	P.O. Box 5063 Immokalee, FL 34143
Remove Change Add Remove	T	Alma Raminez	P.O. Box 5063 Immokalee, FL 34143
4) Change Add	<u>S</u>	Isabel Rolle	P.O. Box 5063 Immoralec, FL 34143
Remove  5) Change Add	<u>_S</u>	Rice, stephanie	1104 N. 11th street Immohalee, FL 34142
Remove 6) Change Add	<u>P</u>	Estrade, Frances Yvette	319 12th st SE unit #3 Immohalee, FL 34142
E. If amending or add (attach additional she		ticles, enter change(s) here: (Be specific)	

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	<del></del> -
	<del></del>
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 5/1/2024  (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	

<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 $\frac{5/2/2024}{}$			
(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)			
WILLIAM B. ROLLE			
(Typed or printed name of person signing)			
President			
(Title of person signing)			