N15000003420

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COVER LETTER

TO: Amendment Section Division of Corporations

Veteruns Villaag NAME OF CORPORATION:	ge of Citrus County, Inc
N15000003420	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	matter to the following:
Frederick J Herzog, PhD	
	(Name of Contact Person)
Dr Frederick J Herzog, PhD LLC	
	(Firm/ Company)
1201 W Beagle Run Loop	
	(Address)
Hemando, FL 34442	
	(City/ State and Zip Code)
therzog@tampabay.rr.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	ease call:
Frederick J Herzog, PhD	847-899-9000 at
(Name of Contact Pe	
Enclosed is a check for the following amount made	de payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of State	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 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

(Name of Corporation as currently filed with the Florid	a Dept. of State)
Veterans Village of Citrus County, Inc. N15000003420	
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration: The new
name must be distinguishable and contain the word "corpe" "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.	<u>SS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	001
(maining duaress <u>may be a rost of rice word</u>)	
	<u> </u>
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	office address in Florida, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent: a familiar with and accept the obligations of the position.
	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, 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 Do V Mike Jo SV Sally St	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>D</u>	Peter L Kranker	42 W Keller St Hernando, FL 34442
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	
			

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	<u> </u>	
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<u>.,,</u>		
The date of each amendment(s) addate this document was signed.	doption:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac was/were sufficient for approve	dopted by the members and the number of votes cast for the amendmal.	nent(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 10-5-20 Signature Michael & BASS
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – it'm the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Michael D Bays
(Typed or printed name of person signing)
Secretary
(Title of person signing)