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R. W.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	uxiliary #3581, Inc.
N15000004611 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Catherine Simkins	1
(Name of Contact	Person)
Fraternal Order of Eagles, Spaceport Auxiliary #3581, Inc.	1
(Firm/ Compa	ny)
3510 South St.	
(Address)	
Titusville, FL 32780	
(City/ State and Zi	p Code)
katyzip@aol.com	I
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, please call:	1
Catherine Simkins	321 268-9530
(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 Certificate of Status Certified Copy (Additional copy enclosed)	Certificate of Status
Amendment Section Amendment Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314	Amendment Section Division of Corporations Clifton Building 1661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 11, 2017

CATHERINE SIMKINS 3510 SOUTH ST TITUSVILLE, FL 32780

SUBJECT: FRATERNAL ORDER OF EAGLES, SPACESPORT AUXILIARY

#3581, INC.

Ref. Number: N15000004611

We have received your document for FRATERNAL ORDER OF EAGLES, SPACESPORT AUXILIARY #3581, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The date of adoption of each amendment must be included in the document.

An officer/director must sign authorizing the adoption of amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 917A00013995

JUL 27 &HIL: 23

Articles of Amendment to Articles of Incorporation of

Fraternal Order of Eagles, Spaceport Auxiliary #3581, Inc	·· .	
(Name of Corporation as curr	rently filed wi	th the Florida Dept. of State)
N15000004611	!	
(Document Nu	mber of Corpo	ration (if known)
Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	tutes, this <i>Flor</i>	ida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	<u>cation:</u>	
		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "ir	icorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES		LICABLE
MOST BE A STREET ADDITION	<u></u>	
		'
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NOT APP	LICABLE
	<u></u>	<u> </u>
D. If amending the registered agent and/or registered of	ffice address i	in Florida, enter the name of the
new registered agent and/or the new registered office	<u>e address:</u>	
Name of New Registered Agent: NOT A	PPLICABLE	
		(Florida street address)
New Registered Office Address:		The state of the s
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am	ed Agent:	and accept the obligations of the maritim
Tung	jumiiui wiin (ine decept the congutions of the position.
	Signature of l	New Registered Agent, if changing

X Change	P = President; V = Vic	/director title by e President; T= O = Chief Finan	the first letter of the office title: Treasurer; S= Secretary; D= Directo cial Officer. If an officer/director hol	or; TR= Trustee; C = Chairman or Clerk; CEO = Chief lds more than one title, list the first letter of each office
X Change	a change, Mike Jones i	leaves the corpo	ration, Sally Smith is named the $V_{ m l}$ and	
Change	X Remove	<u>PT</u> <u>Jol</u> <u>V</u> <u>Mi</u> <u>SV</u> <u>Sa</u>	ke Jones	
Change	Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Add X Remove Remove	1) Change	P	Bernadette Slawson	1425 Dozier Ave
Change X Add Titusville, FL 32780	X		[Titusville, FL 32780
Remove	2) Change	P	Anne Wescott	4450 Mila St
Change V	XAdd			Titusville, FL 32780
X Remove	Remove 3) Change	<u>v</u>	Julie Osborne	2931 Brandywine Cir
Change	X			Titusville, FL 32796
AddRemove	4) Change	<u>v</u>	Georgia Loveland	2790 Fawn Lake Blvd
Add Remove	X Add			Mims, FL 32754
Add	Remove			
Remove	5) Change			
6) Change			i	
'	6) Change			
Add				

Page 2 of 4

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:

E. If amending or adding additional Articles, enter change(s) (attach additional sheets, if necessary). (Be specific)	<u>here</u> ;
(attach additional sheets, if necessary). (Be specific)	\
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NOT APPLICABLE	
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	. 1	
Effective date <u>if applicable</u> :	JUNE 1. 2017	
	TUNE 1, 2017 (no more than 90 days after amendment fit	le date)
Note: If the date inserted in this document's effective date on the	plock does not meet the applicable statutory filing re Department of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes coval.	ast for the amendment(s)
☐ There are no members or me adopted by the board of dire	mbers entitled to vote on the amendment(s). The arectors.	nendment(s) was/were
Dated <u>Juc</u>	1 25, 2017	
Signature	orlenen Sinker	
(By the ch	airman or vice chairman of the board, president or o	
	peen selected, by an incorporator – if in the hands of the properties of the properties of the hands of the properties of the hands of the properties of the	f a receiver, trustee, or
	CATHERINE SINKINS	
	(Typed or printed name of person	signing)
	1	
	SECRETARY	
 -	(Title of person signing	3)