## N15000008291

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

AMERICAL NAME OF CORPORATION:	N LEGION AUXILIARY, NORTH MANATEE, UNIT 309 INC
N15000008291 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	
Please return all correspondence concerning	his matter to the following:
DONNA R HINTON	
	(Name of Contact Person)
AMERICAN LEGION AUXILIARY, NOR	TH MANATEE, UNIT 309 INC
	(Firm/ Company)
2419 BAYSHORE ROAD	
	(Address)
PALMETTO, FLORIDA 34221	
	(City/ State and Zip Code)
donnarn1961@aol.com	
E-mail address: (t	o be used for future annual report notification)
For further information concerning this matte	o be used for future annual report notification)  SECRETARY  or, please call:
DONNA HINTON	812-201-9768 (5.5.1)
(Name of Contact	
Enclosed is a check for the following amount	i made payable to the Florida Department of State:
☐ \$35 Filing Fee ■\$43.75 Filing Certificate o	Fee & S43.75 Filing Fee & S52.50 Filing Fee  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

AMERICAN LEGION AUXILIARY, NORTH MANATEE, UNIT 309 INC

(Name of Corporation as currently filed with the	<u>e Florida De</u>	pt. of State)			
N15000008291					
(Docum	nent Number	of Corporat	ion (if known)		
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes	, this <i>Florida</i>	i Not For Profit C	orporation adopts the	: following
A. If amending name, enter the new name of the	e corporatio	<u>n:</u>			
		-			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	d "corporatie <u>¢</u> .	m" or "inco	rporated" or the a	hbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	<u>ible:</u> IDDRESS )				
C. Enter new mailing address, if applicable:	-			SEC SEC	2020
(Mailing address MAY BE A POST OFFICE	<u>BOX</u> )			(ELAHA	
D. If amending the registered agent and/or regi	stered office	address in	Florida, enter the	name of the	PH 5: 5
new registered agent and/or the new register				i fri	57
Name of New Registered Agent:	DONNA H	INTON			
	2419 BAY	SHORE RD			
New Registered Office Address:		<u>.</u> -	(Florida street i	uddress)	<del></del>
	PALMETT	O		Florida 34221	
		(City)		, Florida 34221 (Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent	nt. – Lam fam	iliar with an	_		
_	Kla	una	R. Hin	for	
	Sie	nature of Ne	w Registered Agen	i, 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 D           Y         Mike I           SY         Sally S	unes	
Type of Action (Check One)	<u>Title</u>	Name	Address
Change Add	<u>P</u>	CONNIE HOPPE	2419 BAYSHORE RD PALMETTO, FL 34221
Remove 2) Change Add	<u>P</u>	PATRICIA CROWTHER	2419 BAYSHORE RD PALMETTO FL 34221
X	<u>v</u>	DIANNA FRONEK	2419 BAYSHORE RD PALMETTO, FL 34221
4) Change Add	<u>v</u>	B ELLEN STOLZFUS	2419 BAYSHORE RD PALMETTO, FL 34221
<ul> <li>X Remove</li> <li>5) Change</li> <li> Add</li> <li> Remove</li> </ul>			SECRE TALL.
6) Change Add			21 PH
E. If amending or additional shee	ng additional Art ets. if necessary).	icles, enter change(s) here: (He specific)	5.57 

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		(1)
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	JUNE 1, 2020	
The date of each amendment date this document was signed	(s) adoption:	, if other than the
	JUNE 1, 2020	
Effective date if applicable:	(no more than 90 days after amendment file dat	(e)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing require the Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE)</u>	

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

	re no members or members entitled to vote on the amendment(s). The amendment(s) was/were I by the board of directors.
•	Signature  (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)  CONNIE HOPPE
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)