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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ETERANS MOTORCYCLE ASSOCIATION CHAPTER 20-12 CORP
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
DONALD POWERS	
	(Name of Contact Person)
COMBAT VETERANS MOTORCYCLE AS	SOCIATION CHAPTER 20-12 CORP
	(Firm/ Company)
9120 COPPERFAIR LN	
	(Address)
TALLAHASSEE, FL 32317	
	(City/ State and Zip Code)
DONALD.POWERS4@GMAIL.COM	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call:
DONALD POWERS	270 3003030 at
(Name of Contact	
Enclosed is a check for the following amount t	nade payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of \$	Fee & S43.75 Filing Fee & Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

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

COMBAT VETERANS MOTORCYCLE ASSOCIATION CHAPTER 20-12 CORP.

Name of Corporation as currently filed with the Florida B	Dept. of State)				
N16000004153					
(Document Number	er of Corporation (if known)	<u> </u>			
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit Corporation</i> adop	ts the following			
A. If amending name, enter the new name of the corporati	ion:				
		The new			
name must he distinguishable and contain the word "corporat "Company" or "Co," may not he used in the name.	ion" or "incorporated" or the abbreviation "Co	rp," or "Inc."			
B. Enter new principal office address, if applicable:	9120 COPPERFAIR LN				
(Principal office address MUST BE A STREET ADDRESS	TALLAHASSEE. FL 32317				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9120 COPPERFAIR LN				
	TALLAHASSEE, FL 32317				
		F-3			
If amending the registered agent and/or registered office and/or the new registered office and		024 JUL			
Name of New Registered Agent:		3			
		; -			
	(Florida street address)	့က္			
New Registered Office Address:	. Flor	기 왕			
	(City) (Zip Cod	e)			
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am far	Agent: niliar with and accept the obligations of the posi-	tion.			
	gnature 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 Doc, 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 Sr	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>v</u>	ALEXANDER TOPICZ	82 TILLIS LN CRAWFORDVILLE, FL 32327
x Remove			
2) Change Add	<u>T</u>	THOMAS G ZIMMERLY	270 GWEN DRIVE LEE, FL 32059
x Remove 3) Change x Add Remove	<u>v</u>	JEREMY MURRAY	126 BUCKLAKE DR CLIMAX, GA 39834
4) Change Add	<u>T</u>	DONALD POWERS	9120 COPPERFAIR LN TALLAHASSEE, FL 32317
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
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			<u> </u>
The date of each amendment(s) adoption date this document was signed.	1:		, if other than the
Effective date if applicable:			
Effective date if applicable:	(no more than 90 days after a	imendment file date)	
Note: If the date inserted in this block doe document's effective date on the Departme	es not meet the applicable statent of State's records.	utory filing requirements, this d	ate will not be listed as the

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

(CHECK ONE)

Adoption of Amendment(s)

	7/22/24
Dated	
Signature	Onld R
٠	(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)
	DONALD POWERS
	(Typed or printed name of person signing)
	TREASURER
	(Title of person signing)

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION		ANS MOTORCYCLE A	SSOCIATIO	ON CHAPTER 20	-12 CORP
DOCUMENT NUMBER:	N16000004153				
DOCUMENT NUMBER:					
The enclosed Articles of An	sendment and fee are sub	mitted for filing.			
Please return all correspond	ence concerning this matt	er to the following:			
DONALD POWERS					
·		(Name of Contact Perso	on)		
COMBAT VETERANS M	OTORCYCLE ASSOCIA	ATION CHAPTER 20-12	CORP		
		(Firm/ Company)			
9120 COPPERFAIR LN					
		(Address)		<u> </u>	-
TALLAHASSEE, FL 3231	7				
		(City/ State and Zip Cod	de)		
DONALD.POWERS4@G	MAIL.COM				
E	-mail address: (to be use	d for future annual report	notification	1)	
For further information cond	cerning this matter, please	e call:			
DONALD POWERS		2' at	70	3003030	
	(Name of Contact Person		rea Code)	(Daytime Telep	hone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida Dep	partment of	State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	O Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address			t Address	ion	

Amendment Section
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