N16060

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2022 AFR 18 PH 4: 52 SECRETARY OF STATE AHASSEE FOR STATE

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

America NAME OF CORPORATION:	n Veterans Post 86, Inc.		
N16060 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and		·	
Please return all correspondence concerni	ng this matter to the followi	ing:	
Pamela D. Hill			
	(Name of Cont	act Person)	
American Veterans Post 86, Inc.			
	(Firm/ Cor	npany)	
6685 Brooklyn Bay Rd			
	(Addre	ess)	
Keystone Heights, FL 32656			
· · · · · · · · · · · · · · · · · · ·	(City/ State and	l Zip Code)	-
amvetspost86@att.net			
E-mail address	: (to be used for future anni	ial report notification	1)
For further information concerning this m	atter, please call;		
Pamela D. Hill		352	476-7951
(Name of Co	ntact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amo	ount made payable to the Flo	orida Department of	State:
□ \$35 Filing Fee ■\$43.75 Fil Certificate	ting Fee & S43.75 Filing e of Status Certified Co (Additional of enclosed)	py Certif copy is Certif	D Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		Street Address Amendment Sect	ion
Division of Corporation	ns	Division of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

FILED

American Veterans Post 86, Inc.

2022 APR 18 PM 4:52

(Name of Corporation as currently filed with the Flori-	da Dept. of State)	SECRETARY OF
N16060		SECRETARY OF FALLAHASSEE, F
(Document Nu	umber of Corporation (if knows	n)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Pr	ofit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
N/H name must be distinguishable and contain the word "corp		The new
"Company" or "Co." may not be used in the name.	,	the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/it	
D. If amending the registered agent and/or registered	office address in Florida, ent	er the name of the
new registered agent and/or the new registered offi		
Name of New Registered Agent: N	(A	
New Registered Office Address:	(Florida	street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	ered Agent: in familiar with and accept the i	obligations of the position.
<u>N/1</u> -	Signature of New Registered	
·	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: XChange X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) × Change Add	<u>P</u>	Robert Beinlich	6322 Little Lake Geneva Rd Keystone Heigts, FL 32656
Remove			
2) Change Add	<u>V</u>	Dorothy Tinsley	211 Oak Dr Interlachen, FL 32148
Remove 3) Remove	<u>2st V</u>	Cvnthia Lee	7729 Beachview St Keystone Heights, FL 32656
4) Change x Add	<u>CFO</u>	Ronald Wokosky	PO Box 477 Melrose, FL 32666
Remove			
5) Change Add	<u>ADJ</u>	Tanva P. Marheine	523 Chestwood Chase Dr Orange Park, FL 32065
Remove			
6) Change × Add	<u>ЈА</u>	Jerry Johnsen	7680 Casa Grande Blvd Keystone Heights, FL 32656
Remove			
E. If amending or add (attach additional she		rticles, enter change(s) here: . (Be specific)	
7) Add - Title - Provost	Marshall - Phillip	Arrango, Address - 7023 Pair Lake Rd, Key	estone Heights, FL 32656
8) Add - Title - TR - Ed	ward Grabowski.	Address - 6072 Twin Lakes Rd, Keystone H	eights, FL 32656
		ress - 6476 Brooklyn Bav Rd, Keystone Hei	

•	
The date of each amendment(s) adoption: /// , if other the date this document was signed.	in the
Effective date if applicable: (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 not be listed as the document's effective date on the Department of State's records.	ie
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.	

re no members or members entitled to vote on the amendment(s). The amendment(s) was/were d by the board of directors.
Dated 4/13/22 Signature Robert Beinlich
(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)
ROBERT BEINLICH (Typed or printed name of person signing)
COMMANDER AMVETS POST S6 (Title of person signing)