N16060

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COVER LETTER

TO: Amendment Section Division of Corporations

American Veterans Post 86, Inc. NAME OF CORPORATION:
N16060 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cindy Lee, Commander
(Name of Contact Person)
AmericanVeterans Post 86, Inc.
(Firm/ Company)
6685 Brooklyn Bay Road
(Address)
Keystone Heights, Fl 32656
(City/ State and Zip Code)
amvetspost86@att.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cindy Lee 352-473-7951
(Name of Contact Person) at (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 & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee & Certificate of Status (Additional Copy is Enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 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	e Florida Dept. of State)	
American Veterans Post 86, Inc. N16060		
(Docum	ment Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
N/A		The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		
B. Enter new principal office address, if applications	able: N/A	
(Principal office address MUST BE A STREET)		
	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROVI N/A	
<u></u>		
		
 If amending the registered agent and/or registered agent and/or the new registered. 		, enter the name of the
	Cindy Lee	
Name of New Registered Agent:		·
	6685 Brooklyn Bay Rd	:
New Registered Office Address	•	lorida street address)
<u>New Registerea Одисе лиштеля</u>		12656
	Keystone Heights	Florida 32656
	(City)	(Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:	
hereby accept the appointment as registered age	nt. I am familiar with and accept	t the obligations of the position.
	$\sim 1/-$	
_	Inda (
	Signature of New Pegist	tered 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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	Com	Cindy Lee	7729 Beachview Road Keystone Heights, Fl 32656
Remove 2) Change	<u>1st V</u>	Jerry Johnsen	7680 Casa Grandec Blvd Keystone Heights, Fl 32656
Remove 3) Remove × Add Remove	2nd V	John Givins	6014 Lazy Lane Keystone Heights, Fl 32656
4) Change Add	JA	Scott Grace	4447 S.E. 3rd Place Keystone Heights, FI 32656
Remove 5) Change Add	Adjutant	Mary Sulfridge	3306 N.E. CR 219A Metrose. Fl 32666
 x Remove 6) Change Add 	Com	Joan Alexander	5865 Sequoia Rd. Keystone Heights, Fl 32656
E. If amending or add (attach additional sh		rticles, enter change(s) here:). (Be specific)	

	
	
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The data of each amendment(s) adention: N/A	
The date of each amendment(s) adoption: (1772) date this document was signed.	, if other than the
N/A	
Effective date if applicable: (no more than 90 days after amendment file da	
(no more man 30 auxs aper amenanem pie au	.,
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	rements, this date will not be listed as the
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.

	05/13/2024
Dated	
Signatur	c Condi C
Ų.	(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)
	Cindy Lee
	Cindy Lee
	Cindy Lee