N16423

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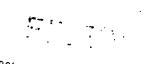
TO: Amendment Section Division of Corporations

AMVETS (AME NAME OF CORPORATION:	ERICAN VETERANS) POST 292, INC.
N16423 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
REBECCA FERGUSON	
-	(Name of Contact Person)
JARED D JONES CPA LLC	
	(Firm/ Company)
3807 N 12TH AVENUE	
	(Address)
PENSACOLA, FL 32503	
	(City/ State and Zip Code)
becky@jonesandco.com	
E-mail address: (to be t	used for future annual report notification)
For further information concerning this matter, ple	ease call:
REBECCA FERGUSON	850 450-8960 at
(Name of Contact Per	
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	
#1368	(Additional copy is Certified Copy
D 10 € 0	enclosed) (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 Articles of Incorporation



	of	•
AMVETS (AMERICAN VETERANS) POST 292, INC.		2021, "W12
Name of Corporation as currently filed with the Florida	Dept. of State)	
N16423		
(Document Num	iber of Corporation	on (if known)
Pursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	ites, this <i>Florida</i>	Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:	
N/A		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	cation" or "incor	
3. Enter new principal office address, if applicable:	N/A	
Principal office address <u>MUST BE A STREET ADDRES</u> .	<u>S</u>)	
2. Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 		lorida, enter the name of the
N/A	THE COLUMN	
Name of New Registered Agent:		
New Registered Office Address:		(Floruda street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere	al Agenti	
hereby accept the appointment as registered agent. I am f		accept the obligations of the position
	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; $T \sim Treasurer$; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO + ChiefExecutive 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 I V Mike SV Sally	Jones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add	CDR	MARK MURRAY	955 DOG TRACK ROAD PENSACOLA, FL 32506
2) Change Add	CDR	EDWIN LANGDON	955 DOG TRACK ROAD PENSACOLA, FL 32506
Remove	<u>JAG</u>	G.G. GUSTAFSON	955 DOG TRACK ROAD PENSACOLA. FL 32506
4) Change Add	<u>FO</u>	BILL LINDLOFF	955 DOG TRACK ROAD PENSACOLA, FL 32506
 X Remove 5) Change X Add Remove 	<u>FO</u>	HELEN WILLIAMS	955 DOG TRACK ROAD PENSACOLA, FL 32506
6) Change × Add	JAG	Michael Bodkin	955 DOG TRACK ROAD PENSACOLA, FL 32506
E. If amending or additional she		rticles, enter change(s) here: (Be specific)	

	
<u></u>	
The date of each amendment(s) adoption: MAY 13, 2024 date this document was signed.	if other than the
Effective date if applicable: MAY 13, 2024	
(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this block does not meet the applicable statutory filing a document's effective date on the Department of State's records.	equirements, 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 was/were sufficient for approval.	cast for the amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.				
Dated 6-6-24				
Signature Caux Lanydon				
(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)				
EDWIN LANGDON				
(Typed or printed name of person signing)				
COMMANDER				
(Title of person signing)				