

N17 000002567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

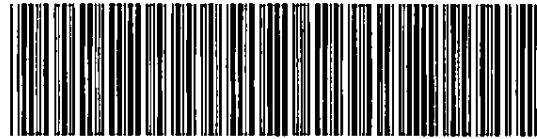
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2022 MAR 11 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FL

cf 3/15/2022

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: LADIES Ancient Order of Hibernians Inc.

DOCUMENT NUMBER: N17000002567

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CATHERINE A. MURRAY - President - Div. 1, HERNANDO Co.  
(Name of Contact Person)

Ladies Ancient Order of Hibernians Inc.  
(Firm/ Company)

13621 Landers Drive  
(Address)

Hudson, Fl. 34667 US  
(City/ State and Zip Code)

C.murray32@yahoo.com  
(e-mail address: (to be used for future annual report notification))

For further information concerning this matter, please call:

CATHERINE MURRAY at 315-263-5668 Cell  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

Mailing Address  
Amendment Section  
Division of Corporations  
P.O. Box 6327

Street Address  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 MAR 11 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FL

February 23, 2022

CATHERINE A MURRAY  
13621 LANDERS DRIVE  
HUDSON, FL 34667

SUBJECT: LADIES ANCIENT ORDER OF HIBERNIANS INC  
Ref. Number: N17000002567

We have received your document for LADIES ANCIENT ORDER OF HIBERNIANS INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

You can check only one (1) box regarding the adoption of amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 522A00004489

Articles of Amendment  
to  
Articles of Incorporation  
of

L noies Ancient Order of Hibernians, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N17000002567

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

NA

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

NA

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NA

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

NA

(Florida street address)

New Registered Office Address:

NA

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

NA

Signature of New Registered Agent, if changing

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SECRETARY OF STATE  
TALLAHASSEE, FL

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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |  |           |                   |  |
|--|-----------|-------------------|--|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input checked="" type="checkbox"/> Remove   | Treas.    | McNamee, Mary     | 13635 Hunting Creek Place<br>Spring Hill, FL<br>34609 US |
| 2) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input checked="" type="checkbox"/> Remove   | Fin Sec.  | McNamee, Mary     | 13635 Hunting Creek Place<br>Spring Hill, FL<br>34609    |
| 3) <input checked="" type="checkbox"/> Remove<br><input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | Treas.    | KATHLEEN JAEGER   | 34609<br>9356 CHASE ST<br>Spring Hill, FL 34606          |
| 4) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><br><input type="checkbox"/> Remove   | Fin. Sec. | KATHLEEN TRUBIANO | 6402 Lost Tree Lane<br>Spring Hill, FL 34606             |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove  | NA        |                   |  |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove  | NA        |                   |  |

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

NA


Adoption of Amendment(s) ~~(CHECK ONE)~~

- ☐ 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 2/14/2022

Signature Catherine A. Murray  
(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)

CATHERINE A. MURRAY  
(Typed or printed name of person signing)

President - L A C H - Div. 1, Hernando Co.  
(Title of person signing) H. 34666