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| (Requestor's Name)   |   |
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| (Address)  | 400339875                               |
| (Address)  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| (City/State/Zip/Phone #)                                   |   |
| PICK-UP WAIT MAIL  | 02/14/2001018                           |
| (Business Entity Name)                                     |   |
| (Document Number)  Certified Copies Certificates of Status | S TALLENT<br>MAR 1 0 2020               |
| Special Instructions to Filing Officer:                    |   |
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION:  |  |
|---|--|
| DOCUMENT NUMBER:  |  |
|   |  |
| The enclosed Articles of Amendment and fee are submitted for filing.                    |  |
| Please return all correspondence concerning this matter to the following:               |  |
| Judy R Trier Treasurer  |  |
| (Name of Contact Person)  |  |
| Freedom Drivers 4 Veterans, Inc   |  |
| (Firm/ Company)   |  |
| 3902 Mulligan Court   |  |
| (Address)   |  |
| Sebring, FL 33872   |  |
| (City/ State and Zip Code)  |  |
| jrtrier@gmail.com   |  |
| E-mail address: (to be used for future annual report not                                | ification)   |
| For further information concerning this matter, please call:                            |  |
|   | 42 0612  |
| (Name of Contact Person) (Area  | Code) (Daytime Telephone Number)   |
| Enclosed is a check for the following amount made payable to the Florida Departr        | ment of State:   |
| ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ Certificate of Status | ■\$52.50 Filing Fee Certificate of Status Certified Copy (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)             |                                       |                     |
|---|----------------|-----------------------------|---------------------------------------|---------------------|
| (Docum  | nent Numb      | per of Corporation (if know | vn)                                   |                     |
| Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:     | rida Statut    | es, this Florida Not For I  | Profit Corporation adopts the         | he following        |
| A. If amending name, enter the new name of the  | e corpora      | tion:                       |                                       |                     |
|   |                |                             |                                       | The new             |
| name must be distinguishable and contain the word<br>"Company" or "Co." may not be used in the name   | •              | ition" or "incorporated" e  | or the abbreviation "Corp.            | " or "Inc."         |
| B. Enter new principal office address, if applica   |                |                             |                                       | F-22                |
| (Principal office address <u>MUST BE A STREET A</u>   | <u>IDDRESS</u> | )                           |                                       | 79 7                |
|   |                |                             | · · · · · · · · · · · · · · · · · · · | - 53                |
|   |                |                             |                                       | - t_                |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)                   | <u>BOX</u> )   | 3902 Mulligan Ct            |                                       | mp<br>this          |
|   |                | Sebring, FL 33872           |                                       | -<br> -<br> -<br> - |
| D. If amending the registered agent and/or registered agent and/or the new register                   |                |                             | ter the name of the                   |                     |
| Name of New Registered Agent:   | Judy R T       | rier                        |                                       |                     |
| with the tree tree to the tree tree tree tree tree tree tree  | 3902 Mu        | Higan Ct                    |                                       |                     |
| <u>New Registered Office Address:</u>   |                |                             | la street address)                    |                     |
|   | Sebring,       |                             | , Florida 33872                       |                     |
|   |                | (City)                      | (Zip Code)                            |                     |
| New Registered Agent's Signature, if changing I<br>I hereby accept the appointment as registered agen |                |                             | obligations of the position           | ı.                  |
| -   | · (3           | ignature of New Registere   | d Agent, if changing                  |                     |

Page 1 of 4

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:

another 501c3 with similar purpose by vote of the current board of directors.

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 | PT John D<br>V Mike J<br>SV Sally S | ones  |  |
|-----------------------------------|-------------------------------------|---|--|
| Type of Action<br>(Check One)     | Title                               | <u>Name</u>   | <u>Addres</u> s  |
| 1) Change Add                     |                                     | Frederick Heimgartner                                   | 10100 Burnt Store Road Unit 134 Punta Gorda, FL 33950    |
| x Remove                          |                                     |   |  |
| 2) Change Add                     | <u>D</u>                            | Joseph Eichinger  | 10303 Burnt Store Road Unit 169<br>Punta Gorda, FL 33950 |
| X Remove 3) X Change Add Remove   | <u>T</u>                            | Judy R Trier  | 3902 Mulligan Ct<br>Sebring, FL 33872                    |
| 4) Change X Add                   | D                                   | Rebecca S Fav   | 875 Wilmette Ave Apt 515<br>Ormand Beach, FL 37174       |
| Remove  5) Change Add             | <u>s</u>                            | Jacqueline Bierman                                      | 24 Bridle Path<br>Arcadia, Fl 34266                      |
| Remove 6) Change Add              |                                     |   |  |
| E. If amending or additional she  |                                     | Page 2 of 4 ticles, enter change(s) here: (Be specific) |  |
| Article III Pupose - the          | purpose of the Fre                  | redom Drivers is to help our veterans. Our fur          | nds are used to help veterans who may                    |
| find themselves having            | difficulties adjusti                | ng to civilian life and who may need advocac            | y and directions negotiating available                   |
| programs including tem            | porary financial as                 | ssistants. Donations are also made to other 50          | le3 programs that assist our veterans.                   |
| All donations are approv          | ved by our Board o                  | of Directors. If our organization were to disba         | nded the funds will be distributed to                    |

| · · · · · · · · · · · · · · · · · · ·                                   |  | <del>-</del>                               |
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|   |  |  |
|   | (s) adoption:  | , if other than the                        |
| date this document was signed   | February 11, 2020  |  |
| Effective date if applicable:   | (no more than 90 days after amendment file date)   | )  |
| <b>Note:</b> If the date inserted in the document's effective date on t | is block does not meet the applicable statutory filing requirence Department of State's records. | nents, this date will not be listed as the |
| Adoption of Amendment(s)  | ( <u>CHECK ONE)</u>  |  |

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

| Dated    | February 11, 2020  |
|----------|--|
| , , alcu | , , ,  |
| Signatur |  |
|          | (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) |
|          | · · · · · · · · · · · · · · · · · · ·  |
|          | Judy R Trier   |
|          |  |
|          | Judy R Trier   |