

(Red	uestor's Name)	
(Add	lress)	
(Add	iress)	
(City	//State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	curnent Number)	
Certified Copies	Certificates	of Status
,	,	
		
Special Instructions to F	Filing Officer:	
L		

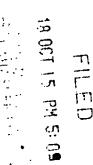
Office Use Only



800319232068

10/17/18--01009--006 **35.00

S TALLENT OCT 24 2019



prond

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AMVETS Ladies Auxiliary Past 911 Inc
111000001110/
DOCUMENT NUMBER: <u>N18000004106</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Susan Hall (Name of Contact Person)
(wame of Contact Person)
AMVETS Ladies Auxiliary Post 911 (Firm/ Company)
(Firm/ Company)
5442 Sydney St (Address)
/ (Address)
Port Orange, FL 32127 (City/ State and Zip Code)
SUEZ ramz @ Vahoo. iom E-mail stidress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Susan Hall a1 (386) 898-7414
(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:
S35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee Scrifficate of Status Certificate Opy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certificate Opy (Additional Copy is Enclosed)
Street Address

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of	
AMVETS Ladies Auxiliary Past 911 Inc. (Name of Corporation as currently filed with the Florida Dept. of State)	
N18000004706	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adeamendment(s) to its Articles of Incorporation:	opts the following
A. If amending name, enter the new name of the corporation:	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)	60

c.	Enter new mailing address, if applicable:	N/A			က က	
	(Mailing address MAY BE A POST OFFICE BOX)					
					က္ပံ	_
				•	<u></u>	
					- 1	_
	the second of	For address in Florida, enter the n	ame of the			
D.	If amending the registered agent and/or registered off	the address in Piorida, enter the in	21110 01 1110			
	new registered agent and/or the new registered office	address:				
	Name of New Registered Agent:	NIH				_

New Registered Office Address:

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.

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.

in the bonnes in the state of	•		
Example: X Change X Remove X Add	<u>V</u> <u>Mike</u>	Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>I</u> _	Kandace Taylor	1263 Williamsburg Pl Daytona Beach, FL 32119
2) Change Add	<u>VP</u>	Stephanie Mims	1020 Madeline Ave 1814 Port Orange FL 32129
X Remove 3) Change	<u>vP</u>	Mary Christine Geary	6147 5. Ridgewood Ave #34 Port Orange, FL 32127
4) Change Add Remove			
5) Change Add Remove			
6) Change Add			
Remove		D 3-51	·

inden daminonin since any	ional Articles, ent cessary) (Be spe	(Cijic)					
	1//	A					
	<i></i>	<u></u>					
							
			 				
	<u> </u>	<u> </u>			<u> </u>	<u>-</u>	
	-						
<u> </u>							
					<u> </u>		
					<u>-</u>		
				<u> </u>	<u> </u>	<u>-</u>	_
						<u>. </u>	
						_	
					<u> </u>		
				-			_
		 			 		
			 -				
				-	<u>-</u>	_	
	<u></u>						

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
10 · 3 - 18	
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 document's effective date on the Department of State's records.	: 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.	
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 10-3-18	
I I I I I I I I I I I I I I I I I I I	
Signature Jusan Hall	-
(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)	
other counce industrially by many services,	
Susan Hall	
(Typed or printed name of person signing)	
tresident	
(Title of person signing)	