

N18000011398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

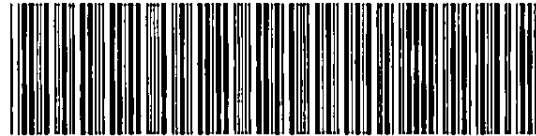
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Special Instructions to Filing Officer:

Terry Kornegay
Auth. All corrections
(1a 11/5/18)

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11/01/18--01006--014 **43.75

FILED
2018 NOV 19 PM 2:00
SECRETARY OF STATE
HALLMARK CENTER 1010A

Amend/cus
Namechg

NOV 21 2018

1 ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Disabled American Veterans Auxiliary South Marion County #85 State Department of Flori

DOCUMENT NUMBER: N18000011398

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

Please return all correspondence concerning this matter to the following:

Terry P. Kornegay

(Name of Contact Person)

(Firm/ Company)

P.O. Box 3156

(Address)

Bellevue, Florida 34421

(City/ State and Zip Code)

cynsyl@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terry P. Kornegay

352

236-5516

at

(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 type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2018

TERRY P. KORNEGAY
P.O. BOX 3156
BELLEVIEW, FL 34421

SUBJECT: DISABLED AMERICAN VETERANS AUXILIARY SOUTHWEST MARION
COUNTY #85 STATE DEPARTMENT OF FLORIDA INC.
Ref. Number: N18000011398

We have received your document for DISABLED AMERICAN VETERANS
AUXILLIARY SOUTH MARION COUNTY #85 STATE DEPARTMENT OF
FLORIDA INC and your check totaling \$43.75. However, your document has not
been filed and is being returned for the following reason:

Your document is being returned as requested.

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

Irene Albritton
Regulatory Specialist II

Letter Number: 518A00022898

Articles of Amendment
to
Articles of Incorporation
of

(Name of Corporation as currently filed with the Florida Dept. of State)

Disabled American Veterans Auxiliary South Marion County # 85 State Department of Florida Inc.

(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:

Disabled American Veterans Auxiliary South Marion Unit 85, **INC.**

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:

N/A

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

N/A

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

N/A

New Registered Office Address:

(Florida street address)

(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.

Signature of New Registered Agent, if changing

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2019 NOV 19 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|--|---------------------------|-----------------------|---|
| 1) <input type="checkbox"/> Change | <u>VCMD</u> | <u>Kathy Hennigan</u> | <u>8311 SW 153rd Lane Dunnellon, FL 34432 US</u> |
| <input type="checkbox"/> Add | | | |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | <u>VCMD</u> | <u>Cathy Hennigan</u> | <u>8311 SW 153rd Lane Dunnellon, Florida 34432 US</u> |
| <input checked="" type="checkbox"/> Add | <u>Sr. Vice Commander</u> | | |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

Add Employer Identification Number (EIN) 83-2219217

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 listed as the document's effective date on the Department of State's records.

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 _____

Signature _____

(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)

Terry P. Kornegay

(Typed or printed name of person signing)

Commander

(Title of person signing)