N19 0000 11839

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(Address)
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2021 JAN -4 AM 8: 45 SECRETARY OF STATE

2/15/21

COVER LETTER

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TO: Amendment Section Division of Corporations

I SUPPORT ! NAME OF CORPORATION:	DEPLOYED TROOPS INC.
N19000011839	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Brandon Dutkiewicz	
	(Name of Contact Person)
I SUPPORT DEPLOYED TROOPS INC.	
	(Firm/ Company)
8292 COFIELD LANE	
	(Address)
SPRING HILL, FLORIDA, 34608	
	(City/ State and Zip Code)
support@supportatroop.org	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	, please call:
Brandon Dutkiewicz	845 798-9773 at
(Name of Contact	
Enclosed is a check for the following amount r	made payable to the Florida Department of State:
☐ \$35 Filing Fee ■\$43.75 Filing F Certificate of S	

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 Articles of Incorporation of

FILED

I SUPPORT DEPLOYED TROOPS INC.

2021 JAN -4 AM 8: 45

(Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE N19000011839

(Document Nu	ımber of Corporation (if	known)		
Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:				
A. If amending name, enter the new name of the corpo	oration:			
Support A Troop Donations Inc.		The new		
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorpora			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>(335)</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
D. If amending the registered agent and/or registered		la, enter the name of the		
new registered agent and/or the new registered offi	ce address:			
Name of New Registered Agent:				
New Registered Office Address:		(Florida street address)		
		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I am		pt the obligations of the position.		
		internal Agent if showing		

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 = 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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally St	ones	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
l) Change Add		_		
Remove				
2) Change Add		-		
Remove 3) Change Add Remove		-		
4) Change Add	 	_		
Remove				
5) Change Add		_		
Remove				
6) Change Add		-		
Remove				
E. If amending or addin (attach additional shee	g additions.	onal Arti ssary).	icles, enter change(s) here: (Be specific)	
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date of each amendment(s) adoption:			if other than t
this document was signed.	•		, it other man
tins document was signed.			
		mendment file date)	

1 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.

tion of Amendment(s)

(CHECK ONE)

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

·	There are no membadopted by the boa	bers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.
	Dated	12/24/2020
	Signature	MATTER TO THE STATE OF THE STAT
		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)
		Brandon Dutkiewicz
		(Typed or printed name of person signing)
		President
		(Title of person signing)