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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Fraternal Order of Eagles metrit Island AUX. 4257,
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sylvia BURNS (Name of Contact Person)
Fraternal Orden of Eagles Merritt Island Aux. 4257, INC. (Firm/ Company)
1050 N. Courtenay PKWY (Address)
Merritt Island, FL 32953' (City/ State and Zip Code)
Sylvia Burns 19 o Vahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sylvica Burns, Aux 4257 at (321) 848-3854 (Name of Contact Person) Secretary (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 Scritificate of Status (Additional copy is enclosed) S52.50 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

Fraternal Order of Engles V (Name of Corporation as currently filed with the Florida)	Derritt Island Bux 4257, INC
N30000002	7.5.8 eer of Corporation (if known)
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:
	The new
name must be distinguishable and contain the word "corpord "Company" or "Co," may not be used in the name.	ttion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	·)
	5
	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mailing duaress MAT DE ATOST STITES SALE)	=======================================
	<u></u>
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	fice address in Florida, enter the name of the address:
Name of New Registered Agent:	Sylvia Burns
	135 Artenis Blud (Florida street address)
New Registered Office Address:	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am j	d Agent: Camiliar with and accept the obligations of the position.
	Sylvia Busing Signature of New Registered Agent, if changing
	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.

Mike Jones, V as Remo	ve, and Sally Smit	h, SV as an Add.	
Example: XChange X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	Seca	Linda Buback	390 Inlet Ave Merrit Island FL 37953
Remove 2) Change Add	Secr	_Sylvia BURNS	135 Artenis Blvd. Merritt Island, FL 31953
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or ac (attach additional)	dding additional sheets, if necessar	Articles, enter change(s) here: y). (Be specific)	
		<u> </u>	
		•	

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	•	
	option:	, 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 blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, this	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	dopted by the members and the number of votes east for the ame	ndment(s)

ロ	There are no memb adopted by the boa	ers or members entitled to vote on the amendment(s). The amendment(s) was/were rd of directors.
	Dated	9-21-20
	h	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)
		(Typed or printed name of person signing)
		Aux President (Title of person signing)