NZO 0000002906

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COVER LETTER

FO: Amendment Section Division of Corporations

FRIENDS OF MARI NAME OF CORPORATION:	ON COUNTY VETE	RANS PARK	INC
N2000002906 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subn	nitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
ANGIE FINLEY			
-	(Name of Contact Per	son)	
ANGIE FINLEY FINANCIAL LLC			
	(Firm/ Company)		
8720 SW HWY 200 SUITE 7			
	(Address)		
OCALA FL 34481			
	(City/ State and Zip C	'ode)	
ANGIE@ANGIEFINLEY FINANCIAL.COM			
E-mail address: (to be used	for future annual repo	ort notification	1)
For further information concerning this matter, please	call:		
ANGIE FINLEY	a1 _	352	368-2207
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida D	epartment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Triting Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		eet Address endment Secti	ios

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

FRIENDS OF MARION COUNTY VETERANS PARK INC.

Name of Corporation as currently filed with the Florida	Dept. of State)		
N20000002906			
(Document Numb	er of Corporation (i	fknown)	
Pursuant to the provisions of section 617,1006, Florida Statut immendment(s) to its Articles of Incorporation:	es, this <i>Florida Not</i>	For Profit Corporation adopts the	following
A. If amending name, enter the new name of the corporat	tion:		
			The new
name must be distinguishable and contain the word "corpora" "Company" or "Co." may not be used in the name.	tion" or "incorpore	ited" or the abbreviation "Corp." o	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		<u> </u>	2920
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		77.4 78.5 78.5	I HAIT.
		293	<u>।</u>
			
D. If amending the registered agent and/or registered offi		da, enter the name of the	05
new registered agent and/or the new registered office a	address:		
Name of New Registered Agent:			
<u> </u>		(Fjorida street address)	
<u>New Registered Office Address</u> :			
		. Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		ept the obligations of the position.	
	CM. D	vistered 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 PID.

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 V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	ASHLEY MILLER	7365 SW 38th St Ste 205 Ocala FL 34474
Remove 2) Change Add	<u>T</u>	RAYMOND ORLOSKY	9901 SE HWY 314 LOT F19 SILVER SPRINGS FL 34488
Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or additional she		ticles, enter change(s) here: (Be specific)	

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JUNE 4, 2020	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
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 application document's effective date on the Department of State's reco	plicable statutory filing requirements, this date will not be listed as the ords.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members was/were sufficient for approval.	and the number of votes east for the amendment(s)

. . .

01/2020
Rosald Capolinia
the chairman or vice chairman of the board, president or other officer-if directors
ve not been selected, by an incorporator - if in the hands of a receiver, trustee, or
er court appointed fiduciary by that fiduciary)
DANIAL BARDI INCER
RONALD OPPLINGER
(Typed or printed name of person signing)
· · · · · · · · · · · · · · · · · · ·
DUTHERINE
PRESIDENT

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

. .