## N20000004195

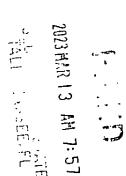
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C/ 5/24/2022

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

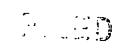
Tallahassee, FL 32314

NAME OF CORPORATIO	Military Affairs Cou	neil Inc.		
DOCUMENT NUMBER:	N20000004195			
The enclosed Articles of Am		nitted for filing		
The enclosed Articles by Am	enument and ice are such	inted for fining.		
Please return all corresponde	nce concerning this matte	r to the following:		
Louis Melara				
		(Name of Contact Pe	erson)	
Military Affairs Council Inc				
	<del>-</del>	(Firm/ Company	.)	
P.O BOX 343084				
		(Address)		
Florida City, FL 33034				
		(City/ State and Zip	Code)	
louismelara@keyes.com				
Е	-mail address: (to be used	for future annual rep	ort notificatio	n)
For further information conc	erning this matter, please	cail:		
Louis Melara		at	305	281-9472
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pa	yable to the Florida	Department of	State:
<b>≘</b> \$35 Filing Fee	□\$43.75 Filing Fee & : Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	D Filing Fee icate of Status ied Copy tional Copy is used)
<u>Mailing A</u> Amendme			eet Address iendment Sect	ion
	f Corporations		rision of Corpe	
P.O. Box 6	•		e Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



Military Affairs Council Inc

2023 MAR 13 AM 7:57

Name of Corporation as currently filed with the Flori	ida Dept. of State)	*****
N20000004195		TALE
(Document N	umber of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not i</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
NA		The new
name must be distinguishable and contain the word "corp "Company" or "Co," may not be used in the name.	poration" or "incorporat	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRI	ESS)	
	<del> </del>	
		<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		a, enter the name of the
N'A	ice address.	
Name of New Registered Agent:		
	<del></del>	Florida street addressi
New Registered Office Address:	•	Throad March databets by
NA		
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a		ot the obligations of the position.
	Signature of New Regi	stered 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 A Add	PT         John Do           V         Mike Jo           SV         Sally Sn	nes	
Type of Action (Check One)	<u>Title</u>	Name	Address
Change  X Add	<u>PC</u>	Louis Melara	809 N Flagler Ave Homestead, FL 33030
Remove			
2) Change Add	<u>T</u>	Tom Panos	
X   Remove	<u>T</u>	Kathy Kinggard	17120 SW 83 Ct Miami , FL 33157
4) Change Add	VP	Raymond DeJohn	1237 N Fieldlark LN Homestead, FL 33035
Remove  5) Change Add Remove	D	Roxanne Jeghers	
6) Change	<u>S</u>	Carolyn Landress	888 KKingman Rd. Homestead, Fl. 33035
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

		<del></del>
		<u></u>
<u> </u>		
-		
<del></del>	<del></del>	
		<del></del>
The date of each amendment(s) adoption date this document was signed.	otion:	, 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 document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will rtment of State's records.	I not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop was/were sufficient for approval.	oted by the members and the number of votes cast for the amendment(s	1

•	Dated 3/10/2023
	Daile
	Signature Mulino
	(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)
	Louis Melara
	(Typed or printed name of person signing)

(Title of person signing)