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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

SONS OF AMVETS NAME OF CORPORATION:	S SQUADRON 7467 (	CORP	· · · · · · · · · · · · · · · · · · ·
N20000007905 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
PATRICK GOULD			
	(Name of Contact Per	rson)	
SONS OF AMVETS SQUADRON 7467 CORP			
	(Firm/ Company)		
4200 62ndAVE N - SUITE G			
	(Address)		
PINELLAS PARK, FLORIDA 33781			
	(City/ State and Zip C	ode)	
KHATACCTG@GMAIL.COM			
E-mail address: (to be use	d for future annual repo	ort notification	1)
For further information concerning this matter, please	e call:		
PAULA LARRISEY		727	510-0199
(Name of Contact Persor			(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable 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)	Certif Certif	) Filing Fee icate of Status ied Copy tional Copy is ised)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ame Divi	et Address endment Sections of Corpo Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

SONS OF AMVETS SQUADRON 7467 CORP

(Name of Corporation as currently filed with the Florid	da Dept. of State)	
N20	0000079	905
	ımber of Corporation (if k	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
N/A		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated	I" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRE</u>	(SS)	
		7:
		중
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
		12 23 33
D. If amending the registered agent and/or registered	office address in Florida	دى <u>enter the name of the</u>
new registered agent and/or the new registered office N/A	ce aggress:	
Name of New Registered Agent:		<del></del>
New Registered Office Address:	tF.	orida street address)
		Florida
<del>-</del> -	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	red Agent: a familiar with and accept	the obligations of the position.
	C	
	Signature of New Regist	erea Agent, 1] 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	PT         John De           V         Mike Jo           SV         Sally Sr	nes en	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>VP</u>	JOHN STANTON	4200 62nd AVE N - STE G PINELLAS PARK, FL 33781
Remove			<del></del>
2) Change Add	<u>D</u>	KEVIN BREUER	4200 62nd AVE N - STE G PINELLAS PARK, FL 33781
Remove 3 )			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or adding (attach additional sheet) PLEASE ADD FEI/E	ts, if necessary).		
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The date of each amendment late this document was signed	(s) adoption: AUGUST 2, 3	2020			, if other than th
Offective date <u>if applicable</u> :	AUGUST 2, 2020				
	(no more than 9)	0 days after amend	ment file date)		
<b>Sote:</b> If the date inserted in th	is block does not meet the ap	pplicable statutory	filing requirement	s, this date will not	be listed as the
locument's effective date on th	ne Department of State's rec	ords.			

Adoption of Amendment(s)

(CHECK ONE)

 $\blacksquare$  The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Dated	AUGUST 7, 2020
Dateti	
Signatur	Patrick Tould
	(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)
	PATRICK GOULD POSTVELL GOULD
	(Typed or printed name of person signing)
	TREASURER
	(Title of person signing)