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## **COVER LETTER**

TO: Amendment Section Division of Corporations

PUNISHERS LEMC FLYING EAGLE CHAPTER, INC NAME OF CORPORATION:
N210000121483
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Matthew Taylor
(Name of Contact Person)
(Firm/ Company)
9316 Smoketree Place
(Address)
Inverness, FL 34450
(City/ State and Zip Code)
mmt0400@yahoo.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Matthew Taylor 352 464-4501
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
■ \$35 Filing Fee

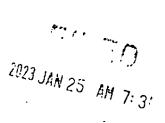
Mailing Address

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



PUNISHERS LEMC FLYING EAGLE CHAPTE	K, INC		
(Name of Corporation as currently filed with th	<u>e Florida D</u>	ept. of State)	_
N210000121483			<u>'</u>
(Docur	nent Numbe	r of Corporation (if kno	own)
Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:  A. If amending name, enter the new name of the			Profit Corporation adopts the following
A. It amending name, enter the new name of the	e corporati	<u>un.</u>	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ion" or "incorporated"	The new or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET A	able: 1DDRESS)	9316 Smoketree Place	
	-	Inverness, FL 34450	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9316 Smoketree Place	
		Inverness, FL 34450	
D. If amending the registered agent and/or registered agent and/or the new register			enter the name of the
Name of New Registered Agent:	Matthew Taylor		
	9316 Smol	ketree Place	
New Registered Office Address:		(Flo	ida street address)
	Inverness		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen			he obligations of the position.
_	91	Taylor	
	Sis	nutury of New Registe	red 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.

PT John Doc V Mike Jones SV Sally Smith				
<u>Title</u>	Name	Address		
P	Matthew Taylor	9316 Smoketree Place Inverness, FL 34450		
VP	Jason F. Taflinger	9710 E Baymeadow Drive Inverness, FL 34450		
<u>MSA</u>	Philip I. Halstead Jr	9930 E Regency Row Inverness, FL 34450		
<u>P</u>	David A. Stone	2320 N Dee River Road Inverness, FL 34453		
<u>T</u>	Edwin J. Budd Jr	5824 W SR 44 Lake Panasoffkee, FL 33538		
	V Mike Jo SV Sally Sr Title  P  VP  MSA  P  T  T  Ag additional Arti	V Mike Jones   SV Sally Smith   Title Name   P Matthew Taylor   VP Jason F. Taflinger   MSA Philip I. Halstead Jr   P David A. Stone		

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The date of each amendment(s) adoption: _ date this document was signed.	<del>-</del>			, if other than the
Effective date if applicable:				
(no	more than 90 days afte	er amendment file da	ute)	
Note: If the date inserted in this block does no	ot meet the applicable	statutory filing requi	rements, this date will no	t be listed as the

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

(CHECK ONE)

document's effective date on the Department of State's records.

Adoption of Amendment(s)

Ц	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated
	Signature  (By the chairman of 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)
	Matthew Taylor
	(Typed or printed name of person signing)
	President

(Title of person signing)