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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DISCIBLED AMERICAN VETERANS/JIM BOOF CHAPTER 86, INC.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
FREDDIE VAZQUEZ
(Name of Contact Person)
DAY CHAPTER 86
(Firm/ Company)
27 FLORIDA PARK DRIVE NORTH
(Address)
PALM COAST FL 32137 (City/ State and Zip Code)
(City/ State and Zip Code)
NWW. DAVCHAPTER 86, COM
For further information concerning this matter, please call:
FREDDIE VAZQUEZ (Name of Contact Person) at (386) 439 -2.12-2 (Area Code) (Daytime Telephone Number)
(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 Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Status Certified Copy (Additional Copy is Enclosed) \$43.75 Filing Fee & 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

DISABLED AMERICAN VETERANS /- JIM BOSE CHAPTER &, IN
(Name of Corporation as currently filed with the Florida Dept. of State)
N.21123
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation: The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
SENDIE N'DELL
Name of New Registered Agent: SLCKGC ODECC
New Registered Office Address: New Registered Office Address:
(City), Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent if charging:
25 TI
Page 1 of 4

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 Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Commanzer	GEORGE O DELL	NA
Add			
Remove 2) Change	SENIOR VICE COMMANDER	ERNIE MORRIS	N/A
Add Remove 3) Change	TUNIOR VICE	CHRISTIAN JONES	N/A
Add		Tarrest Light - Stay	
Remove 4) Change	TWIGE ADVOCATE	WAYNE PETER 5	1//4
Remove Change	TRE <u>ASURE</u> R	CHARLES W HANGER	N/A
Add Remove 6) Change Add	CHAPLHN	VINCE LUCENA REV	N/A
Remove			

E. If amending or adding additional Artication (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	N/A
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The date of each amendment(s) ad-	option:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date artment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad was/were sufficient for approval	opted by the members and the number of votes cast for the amendme	nt(s)
There are no members or membadopted by the board of directo	ers entitled to vote on the amendment(s). The amendment(s) was/wers.	те
Dated $\frac{6}{}$	/21/2018	
Signature	A DING	
have not bee	man or vice chairman of the board, president or other officer-if direct n selected, by an incorporator – if in the hands of a receiver, trustee, ppointed fiduciary by that fiduciary)	ors or
(Georgo F. O'Dell (Typed or printed name of person signing)	
	(Title of person signing)	
•	(Title of person signing)	_