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TO: Amendment Section Division of Corporations

NAME OF CORPORATION	AMVETS POST 420 ON:	INC.			
	N22000010208				
DOCUMENT NUMBER:	***				
The enclosed Articles of An	nendment and fee are subm	nitted for filing.			
Please return all correspond	ence concerning this matte	er to the following:			
THERESA BELL					
		(Name of Contact P	erson)		***
AMVETS POST 420 INC.					
<u>-</u>		(Firm/ Compan	y)		
P.O. BOX 619					
		(Address)			
CANTONMENT, FL 3253.	3				
		(City/ State and Zip	Code)		
Tbell77@ymail.com					
I	-mail address: (to be used	for future annual re	port notification	1)	
For further information con	cerning this matter, please	call:			r~1
Theresa Bell		а	901 t	679-6803	2022 85
	(Name of Contact Person		(Area Code)	(Daytime Telepho	ne Number)
Enclosed is a check for the	following amount made pa	yable to the Florida	Department of	State:	ف · ص
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certifi is Certifi	Filing Fee cate of Status ed Copy is sed)	· : : : : : : : : : : : : : : : : : : :

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

ame of Corporation as currently filed with the Florida	Dept. of State)		
122000010208			
(Document Numb	er of Corporation	ı (if known)	
ursuant to the provisions of section 617.1006, Florida Statut nendment(s) to its Articles of Incorporation:	es, this <i>Florida I</i>	of For Profit Corporation adopts the	: followin
. If amending name, enter the new name of the corporat	ion:		
/A			The new
ame must be distinguishable and contain the word "corpora	tion" or "incorp	orated" or the abbreviation "Corp."	
Company" or "Co." may not be used in the name.			
Enter new principal office address, if applicable:	N/A		
Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		· · · · · · · · · · · · · · · · · · ·	_
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)	1N/A		
			_
		· · · · · · · · · · · · · · · · · · ·	••
. If amending the registered agent and/or registered offi		orida, enter the name of the	~ ;
new registered agent and/or the new registered office a	ıddress:		, 3
Name of New Registered Agent: N/A			
	5.5		چ
		(Florida street address)	ري
New Registered Office Address:			:
N/A		, Florida	
	(City)	(Zip Code)	† † <u>.</u> .
on Dunistand Amento Cianatana (Cabanatana Dalas d	Amanés		
ew Registered Agent's Signature, if changing Registered		scrept the obligations of the position.	

Signature of New Registered 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 X Add	PT John D Y Mike Je SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	p	THERESA BELL	66 GREENTREE CIRCLE CANTONMENT, FL 32533
	<u>P</u>	SCOTT HODGE	66 GREENTREE CIRCLE CANTONMENT, FL 32533
Remove 3) Remove Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addi (attach additional she		ticles, enter change(s) here: (Be specific)	•

	•	
	<u></u> .	
		
	<u></u>	
	· · · · · · · · · · · · · · · · · · ·	
		if notice show that
The date of each amendment(s) adopt	on:	, it other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file da	ite)
Note: If the date inserted in this block of document's effective date on the Depart	oes not meet the applicable statutory filing requinent of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes cast	for the amendment(s)

adopted by the board of directors.
7 September 2022 Dated
Signature Vhousa Bell
(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)
THERESA BELL
(Typed or printed name of person signing)
AMVETS POST 420, INCORPORATOR
(Title of person signing)

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