## N2400000209

(Re	equestor's Name)	
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(Bu	siness Entity Name	<del>)</del>
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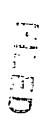
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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations				
AMVETS DISTRIBUTED AMVETS DISTRI	RICT X DEPARTMENT	r of florid	A INC	
N2400002054 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are s				
Please return all correspondence concerning this m	natter to the following:			
TANYA P. MARHEINE				
	(Name of Contact P	erson)		
AMVETS DISTRICT X DEPARTMENT OF FLO	ORIDA INC			
	(Firm/ Compan	y)		
645 SW CARDINAL DR				
	(Address)			
KEYSTONE HEIGHTS, FLORIDA 32656				
	(City/ State and Zip	Code)		
TANYA.MARHEINE0622@GMAIL.COM				
E-mail address: (to be u	ised for future annual re	port notification	n)	
For further information concerning this matter, ple	ase call:			
TANYA P MARHEINE	al	217	499-5212	
(Name of Contact Per		(Area Code)	(Daytime Telephone Number	)
Enclosed is a check for the following amount mad	e payable to the Florida	Department of	State:	
□ \$35 Filing Fee ■\$43.75 Filing Fee Certificate of Stati		Certi is Certi (Add	i0 Filing Fee ficate of Status fied Copy itional Copy is osed)	
Mailing Address Amendment Section		reet Address mendment Sec	tion	
Division of Corporations	= = =	ivision of Corp		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

AMVETS DISTRICT X DEPARTMENT OF FLORIDA INC

Name of Corporation as currently filed with the FI N24000002054	orida Dept. of State)	
	t Number of Corporation (if known)	
·	• • •	
Pursuant to the provisions of section 617.1006, Florida imendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For Profit Corporation adopts the	following
. If amending name, enter the new name of the co	orporation:	
		The new
ame must be distinguishable and contain the word "c Company" or "Co." may not be used in the name.	corporation" or "incorporated" or the abbreviation "Corp." o	or "Inc."
Enter new principal office address, if applicable		
Principal office address <u>MUST BE A STREET ADD</u>	ORESS )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	(M)	
(Muning duaress MAT BE A POST OF PICE BO.	<u></u>	
. If amending the registered agent and/or register	red office address in Florida, enter the name of the	
new registered agent and/or the new registered	office address:	2025
Name of New Registered Agent:	-	<u>=</u>
	( <sup>19</sup> 1) 5 i i o	ဆို
New Registered Office Address:	(Florida street address)	·
New Registered Office Address.	S. S	AM
	(City) Florida Florida	<del>8</del> 8
	The second secon	õ
w Registered Agent's Signature, if changing Reginereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept 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		<u>Doe</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	VP	FRANK RIORDAN	6841 EAST SEACOVE AVE SAINT AUGUSTINE, FL 32086
X Remove			
2) × Change Add	1st VP	EDDIE GRABOWSKI	6072 TWIN LAKES DR KEYSTONE HEIGHTS, FL 32656
Remove 3) Remove Add Remove	2nd VP	TERI CROOKS	5770 DATIL PEPPER RD SAINT AUGUSTINE, FL 32086
4) Change Add	<u>PM</u>	MORGAN SMITH	6476 BROOKLY BAY RD KEYSTONE HEIGHTS, FL 32656
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional sh		rticles, enter change(s) here: . (Be specific)	
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The date of each amendment(s) add date this document was signed.	option:				_	_, if othe	r than the
Effective date if applicable:							
onecure date ii appucabie.	(no more than 9	0 days after ame	ndment file date	)			
Note: If the date inserted in this bloc document's effective date on the Dep			ry filing require	ments, this dat	e will not b	e listed	as the
Adoption of Amendment(s)	(CHECK ONE	<u>E</u> )					

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

here are no mem dopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
Dated	18 June 2025
Signature	Janya P. Marheine
	(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)
	TANYA P MARHEINE
	(Typed or printed name of person signing)
	AMVETS DISTRICT X DEPARTMENT OF FLORIDA COMMANDER
	(Title of person signing)