N31947

(Requestor's Name)

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18 JUL 12 AM 10: 13

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JUL 13 2018

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: COMBAT VETEREW MEMORIAL POST 9853

DOCUMENT NUMBER: N31947

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL ORLANDO
(Name of Contact Person)

COMBAT VETERENS MEMORIAL POST 9853
(Firm/ Company)

75 N OLIVIA DRIVE
(Address)

ALON PARK, FL. 33825-9173
(City State and Zip Code)

VFW 9853@GMX.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL ORLANDO at 863 452 9853
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

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Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ $35 Filing Fee
- ☐ $43.75 Filing Fee & Certificate of Status
- ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- ☐ $52.50 Filing Fee Certificate of 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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2018

MICHAEL ORLANDO
75 N OLIVIA DR
AVON PARK, FL 33825

SUBJECT: NATIONAL FEDERATION OF THE BLIND OF FLORIDA, INC.
Ref. Number: 728496

We have received your document for NATIONAL FEDERATION OF THE BLIND OF FLORIDA, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please print the name of the entity at the top of page 1(of 4). Also, page 4(of 4) is missing. Please find enclosed the missing page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 218A00013741

RECEIVED
18 JUL 12 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

VETERENS COMBAT MEMORIAL POST 9853

(**Name of Corporation as currently filed with the Florida Dept. of State**)

N 31947

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this ***Florida Not For Profit Corporation*** 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**)*

75 N. OLIVIA DR.
AVON PARK, FL 33825

C. **Enter new mailing address, if applicable:**
*(Mailing address **MAY BE A POST OFFICE BOX**)*

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DIVISION OF CORPORATIONS
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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:**

Name of New Registered Agent: _____

_____
(Florida street address)

New Registered Office Address:

_____, Florida _____
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position

Michael Orlando
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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change ___ Add X Remove	SV	DONALD WITTENBERG	1566 ST. THOMAS AVE SEBRING, FL. 33870
2) ___ Change X Add ___ Remove	SV	DAVID BAKER	2920 HARNAGE RD. AVON PARK, FL. 33825
3) ___ Change ___ Add X Remove	JV	FRANK TOOMS	10404 HWY 27 LOT 53 FROSTPROOF, FL. 33843
4) ___ Change X Add ___ Remove	JV	KENNY JENSEN	2305 N OLIVIAD DR. AVON PARK, FL 33825
5) ___ Change ___ Add X Remove	GM	DAVID BAKER	2920 HARNAGE RD. AVON PARK, FL. 33825
6) ___ Change X Add ___ Remove	GM	MICHAEL ORLANDO	2694 W. MARION RD AVON PARK, FL 33825

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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change ___ Add X Remove	CHAPLAIN	JIM WEST	1498 W J ST. LOT 10 AVON PARK, FL. 33825
2) ___ Change X Add ___ Remove	CH	JOHN VINCENT	3403 LISTER ST. SEBRING, FL. 33872
3) ___ Change ___ Add X Remove	2TR	JOHN VINCENT	3403 LISTER ST. SEBRING, FL. 33872
4) ___ Change X Add ___ Remove	2TR	DAN BUSH	CYPRESS WOOD DR LAKE WALES FL
5) ___ Change ___ Add X Remove	3YTR	MICHAEL ORLANDO	2894 W. MARION RD. AVON PARK, FL 33825
6) ___ Change X Add ___ Remove	3YTR	CHARLIE MARTIN	751 N RIVERDALE RD. AVON PARK, FL. 33825

E. **If amending or adding additional Articles, enter change(s) here:**
(attach additional sheets, if necessary). (Be specific)

To whom it may concern

I am filing this paperwork in pursuant to section 617.1006, Florida Statute to comply with our obligation

Sincerely MICHAEL ORLANDO
Michael Orlando

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date <u>if applicable</u>: _____

(no more than 90 days after amendment file date)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(<u>CHECK ONE</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.

☐ 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 7/10/18

Signature Michael Orlando

(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)

MICHAEL ORLANDO

(Typed or printed name of person signing)

Quater Master

(Title of person signing)