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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Allied Vetera	ns of the World Womens A	uxiliary Post #2, Inc.
DOCUMENT NUMBER: N34568		
The enclosed Articles of Amendment and fee as	re submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
Laurie M. Lee, Esq	of Contact Person)	
(Ivame c	or Contact Ferson)	
Mathis & Murphy, P.A.	10	
(Fir	m/ Company)	
50 N. Laura St. Ste 1700		
	(Address)	
Jacksonville, FL 32202		
	tate and Zip Code)	
For further information concerning this matter,	please call:	
Laurie M. Lee, Esq	at (904) 356-45	
(Name of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check for the following amount m	nade payable to the Florida De	partment of State:
	S43.75 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	Street Address Amendment Section Division of Corporations Clifton Building	ı
Tallahassee, FL 32314	2661 Executive Center C Tallahassee, FL 32301	Circle

Articles of Amendment

FILED	
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SECRETARY DE STITE	•

Articles of Incorpo	ration	COURDEC 15	Ata.
of Allied Veterans of the World Womens Auxiliary F (Name of Corporation as currently filed with the Florida Dept.		SECRETARY	AM 11: 46
Allied Veterans of the World Wome	ns Auxiliary	Post #2539s	OF STATE
(Name of Corporation as currently filed with t	he Florida Dept	t. of State)	PLORIDA
N34568			. 8
(Document Number of Corporati	on (if known)		
Pursuant to the provisions of section 617.1006, Florida Statutes, the following amendment(s) to its Articles of Incorporation:	this <i>Florida No</i>	t For Profit Corp	oration adopts
A. If amending name, enter the new name of the corporation	<u>n:</u>		
Allied Veterans of the World, Inc. & Affiliates:	Post #2 Aux	kiliary	
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." <mark>"Company" or "Co." may not</mark>	"corporation" of	or "inco <mark>rporated</mark>	
3. Enter new principal office address, if applicable:	96528 Blackrock Road		
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Yulee, FL 3209	97	-
			·
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
	address in The	ide outen the no	mo of the
 If amending the registered agent and/or registered office new registered agent and/or the new registered office ade 		ida, enter the na	me of the
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address: (Flori	ida street address	s)	
		•	
	(City)	, Florida (Zip	a Code)
ar management to the territory and the		•	
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I amposition.	gent: familiar with an	nd accept the obl	igations of the
			_
Signature of New	Registered Agen	it, 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) <u>Title</u> **Name** <u>Address</u> **Type of Action** ☐ Add ____ □ Remove _____ 🚨 Add □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendmen	t(s) adoption:
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	12/1/08
Signature	Ohle
	the chairman or vice chairman of the board, president or other officer-if directors
	re not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Johnan Munican
	(Typed or printed name of person signing)
	NATIONAL COMMANDIR
	(Title of person signing)