

N39935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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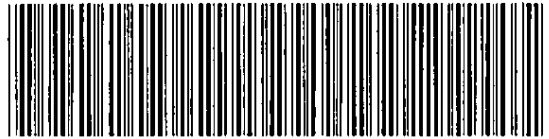
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FRATERNAL ORDER OF EAGLES, AERIES #4251, INC

DOCUMENT NUMBER: N39935

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

Please return all correspondence concerning this matter to the following:

DONA M ZEFFERY

(Name of Contact Person)

FRATERNAL ORDER OF EAGLES AERIES 4251

(Firm/ Company)

8350 E HWY 25

(Address)

BELLEVIEW FL 34420

(City/ State and Zip Code)

EAGLES4251@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONA M ZEFFERY

(Name of Contact Person)

352

(Area Code)

347-5994

(Daytime Telephone Number)

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

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2003 JUN 20 PM 2: 06
SECRET
TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

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

FRATERNAL ORDER OF EAGLES AERIES 4251 N39935

(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)

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:

Name of New Registered Agent:

(Florida street address)

New Registered Office Address:

(City)

_____, Florida

(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.

Signature of New Registered Agent, if changing

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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:

| | | |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u> |
| <input checked="" type="checkbox"/> Remove | <u>V</u> | <u>Mike Jones</u> |
| <input checked="" type="checkbox"/> Add | <u>SV</u> | <u>Sally Smith</u> |

| Type of Action (Check One) | Title | Name | Address |
|--|-----------|----------------------------|--|
| 1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>P</u> | <u>PAUL LIVINGSTON</u> | <u>3735 SE 93RD PL</u> <u>OCALA FL 34480</u> |
| 2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | <u>S</u> | <u>DONA ZEFFERY</u> | <u>8787 SE 136 PL</u> <u>SUMMERFIELD FL 34491</u> |
| 3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>TR</u> | <u>LUKE SUMMERALL</u> | <u>12379 SE 88TH CT</u> <u>BELLEVIEW FL 34420</u> |
| 4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | <u>V</u> | <u>JOHN ZEFFERY</u> | <u>8787 SE 136 PL</u> <u>SUMMERFIELD FL 34491</u> |
| 5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>TR</u> | <u>JOE HOLDEN</u> | <u>2000 SE 183RD TER</u> <u>SILVER SPRINGS FL 34488</u> |
| 6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>T</u> | <u>PHYLLIS HUFFSTETTER</u> | <u>11470 SE 73RD CT</u> <u>BELLEVIEW FL 34420</u> |

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

REMOVE DEAN PETERSON PRESIDENT 8772 136 PL SUMMERFIELD FL 34491

ADD MONICA SMITH TREASURER 10459 SE 143RD ST SUMMERFIELD FL 34491

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- ☐ 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 6/12/2023

Signature *Dona M Zeffery*
(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)

DONA M ZEFFERY

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

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SECTION OF STATE
TALLAHASSEE, FL