## N9400002863

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	SE VETERANS ASSO	CIATION OF	JACKSONVILLE AND VICINITII
N9400002863 DOCUMENT NUMBER:			
The enclosed <i>Articles of Amendment</i> and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
VU NGUYEN			
	(Name of Contact Per	rson)	
	(Firm/ Company)	)	
2245 SAYE DR E			
	(Address)	•	
JACKSONVILLE FL 32225			
	(City/ State and Zip C	(ode)	
vu@vusautoservice.com			
E-mail address: (to be us	ed for future annual repo	ort notification	1)
For further information concerning this matter, pleas	se call:		
VU NGUYEN	at	904	635-1999
(Name of Contact Perso		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida D	epartment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certif Certif	Diffiling Fee leate of Status led Copy lional Copy is sed)
Mailing Address Amendment Section Division of Corporations	Ame	et Address endment Secti ision of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

	Article	of		- 4	
THE VIETNAMESE VETERANS ASSOCIATION	ON OF JAC	CKSONVILLE AND VICINITY	201400	[8 p <sub>1</sub>	. 5. r.
(Name of Corporation as currently filed with th	e Florida	Dept. of State)			
N94000002863					
(Досш	ment Numb	per of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statut	es, this <i>Florida Not For Profit Con</i>	<i>rporation a</i> dop	ts the follo	wing
A. If amending name, enter the new name of th	e corporat	tion:			
				The	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	d "corpora <b>£</b> .	tion" or "incorporated" or the abl	breviation "Co.	rp." or "In	c. "
B. Enter new principal office address, if applica		VU NGUYEN			
(Principal office address <u>MUST BE A STREET A</u>	<u>IDDRESS</u>	) 2245 SAYE DR E			
		JACKSONVILLE FL 32225			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )			<del></del> -	<del></del>
D. If amending the registered agent and/or reginew registered agent and/or the new register	stered offi ed office a	iddress:	ame of the		
Name of New Registered Agent:		IEN			
	2245 SAY	YE DR E			
New Registered Office Address:		(Florida street add	dress)		
	JACKSO	NVILLE	, Florida	225	
		(City)	(Zip Code	<del>:</del> )	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen			ons of the posit	ion.	
<del>-</del>	Si	gnature of New Registered Agent,	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 De           V         Mike Je           SV         Sally St	ones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	PRESID	CAO, TAN P DR	11997 COLLINS CREEK DR JACKSONVILLE FL 32258
× Remove			
2) Change Add	PRESID	VU NGUYEN	2245 SAYE DR E JACKSONVILLE FL 32225
Remove 3 ) Remove Add Remove			
4) Change Add	<del></del>		
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. <u>If amending</u> or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

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- 120/11/	• •	
The date of each amendment(s) adoption:  date this document was signed.  Effective date if applicable:  (no more than 90 days after amendment)		, if other than the
onte dits document was signed.		
Effective date if applicable: $99994$		
(no more than 90 days after amendm	ent file date)	
Note: If the date inserted in this block does not meet the applicable statutory fil	ing requirements, this date w	Il not be listed as the
document's effective date on the Department of State's records.		
Adoption of Amendment(s) (CHECK ONE)		

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

Dated	09/20/2024
22.00	· Ila. Ila
Signature	(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)  (Typed or privated name of person signing)
	Selve zvy (Title of person signing)