N94000006312

| (Rec | questor's Name) | |
|---------------------------|-------------------|-------------|
| (Add | dress) | |
| (Add | dress) | |
| (City | //State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nar | ne) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |





500374038595

09/29/21--01009--021 **43.75

7021 SEP 29 PM 2: 15

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: AMVETS POST 19 INC. |
|---|
| DOCUMENT NUMBER: N94 00000 6312 |
| DOCUMENT NUMBER: 14 1 30000 651 & |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| rease retain an correspondence concerning and matter to the following. |
| DAVID KLUG (Name of Contact Person) |
| (Name of Contact Person) |
| |
| AMVETS POST 19 INC. (Firm/Company) |
| (Firm/ Company) |
| |
| 13131 E. HWY 316 (Address) |
| (Address) |
| |
| FORT Mc Coy, FL 32134 (City/ State and Zip Code) |
| (City/ State and Zip Code) |
| 1 11 2220 11 12 12 |
| daveklug 2003 @ yahoo. com E-mail address: (to be used for future annual report notification) |
| |
| For further information concerning this matter, please call: |
| 700 207 1777 |
| DAVID KLUG at 785-307-0777 (Name of Contact Person) (Area Code) (Daytime Telephone Number) |
| (Name of Contact Person) (Area Code) (Daytime Perephone Person) |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| □ \$35 Filing Fee □\$43.75 Filing Fee & □ \$52.50 Filing Fee |
| Certificate of Status Certified Copy Certificate of Status |
| (Additional copy is Certified Copy |
| enclosed) (Additional Copy is |
| Enclosed) |
| Mailing Address Street Address |
| Amendment Section Amendment Section |
| Division of Corporations Division of Corporations |
| P.O. Box 6327 The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| AMVEID POST 19 INC. | |
|---|--|
| (Name of Corporation as currently filed with the Florida Dept. of State) | |
| N9460006312 (Document Number of Corporation (if known) | _ |
| (Document Number of Corporation (if known) | |
| Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: | ng |
| A. If amending name, enter the new name of the corporation: | |
| The ne | 2111 |
| 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: | STATE OF THE PARTY |
| Name of New Registered Agent: //MOTHY KAWSON | |
| Name of New Registered Agent: TIMOTHY RAWSON 13131 E. HWY 316 (Florida street address) New Registered Office Address: | -i= |
| FORT McCoy, Florida 37434 (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. 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>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | |
|--|------------------------------------|---|-----------------|
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add | | | |
| Remove | | | |
| 2) Change Add | | | |
| Remove 3) Change Add Remove | | | |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| E. If amending or addit (attach additional shed | ng additi ets, if nec | onal Articles, enter change(s) here: essary). (Be specific) | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| • | | | • | |
|---|------------------------------|-----------------------|---------------------------|---------------------|
| | | | | |
| | | | | |
| | | _ | | |
| | <u> </u> | | | |
| | | | | |
| | | | | |
| | | | | |
| | | <u></u> | | _ |
| | | | <u> </u> | <u> </u> |
| | | | | |
| | | | | |
| | | | | |
| - | | | | |
| | | - | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | • | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| The date of each amendment(s) adoption: _date this document was signed. | 27 SE1 21 | | | , if other than the |
| Effective date if applicable: 27 | SEP 21 | | | |
| (no | more than 90 days after a | mendment file date) | | |
| Note: If the date inserted in this block does n | ot meet the applicable state | utory filing requiren | nents, this date will not | be listed as the |

Adoption of Amendment(s) (CHECK ONE)

document's effective date on the Department of State's records.

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

| are no members or members entitled to vote on the amendment(s). The amendment(s) was/were d by the board of directors. |
|--|
| Dated 27 SET 21 |
| Signature Olli |
| (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) |
| DAVID J. KLUG |
| (Typed or printed name of person signing) |
| |
| PRESIDENT |
| (Title of person signing) |