## N950001138

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CARTARY OF STATE LANGUSSEE, FLORIDA

## COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| TARPON SPRING NAME OF CORPORATION:                     | GS POST 46, THE AMERICAN LEGION, TARPON SPRINGS, FL., IN   |  |  |
|--|--|--|--|
| N95000001238   |  |  |  |
| The enclosed Articles of Amendment and fee are sub     | bmitted for filing.  |  |  |
| Please return all correspondence concerning this mat   | iter to the following:   |  |  |
| EDWARD L. BARD   |  |  |  |
|  | (Name of Contact Person)   |  |  |
| <del></del>  | (Firm/ Company)  |  |  |
| 1139 S. POINTE ALEXIS DRIVE                            |  |  |  |
| <del>-</del>   | (Address)  |  |  |
| TARPON SPRINGS, FLORIDA 34689                          |  |  |  |
|  | (City/ State and Zip Code)   |  |  |
| BARD1944@GMAIL.COM                                     |  |  |  |
| E-mail address: (to be use                             | ed for future annual report notification)  |  |  |
| For further information concerning this matter, please | e call:  |  |  |
| EDWARD L. BARD   | 978 505-0444<br>at   |  |  |
| (Name of Contact Perso                                 |  |  |  |
| Enclosed is a check for the following amount made p    | payable to the Florida Department of State:  |  |  |
| ■ \$35 Filing Fee                                      | Se Substituting Fee & Substituting Substitution Substituting Substitution Substituting Substitut |  |  |
| Mailing Address Amendment Section                      | Street Address Amendment Section   |  |  |
| Division of Corporations                               | Division of Corporations   |  |  |

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

## to Articles of Incorporation of

| TARPON SPRINGS POST 46, THE AMERICAN I  | LEGION, TARPON SPRINGS, FL,                               | INC.  |
|---|---|---|
| (Name of Corporation a  | s currently filed with the Florida                        | Dent. of State)   |
| N9500001238   |   |   |
| (Docume   | nt Number of Corporation (if known                        | 4)  |
| Pursuant to the provisions of section 617.1006, Floridate amendment(s) to its Articles of Incorporation:  | da Statutes, this Florida Not For Pro                     | offt Carporation adopts the following   |
| A. If amending name, enter the new name of the  | corporation:  |   |
|   |   | The new   |
| name must be distinguishable and contain the word<br>"Company" or "Co." may not be used in the name.      | "corporation" or "incorporated" or                        | the abbreviation "Corp." or "Inc."  |
| B. Enter new principal office address, if applicab<br>Principal office address <u>MUST BE A STREET AD</u> |   |   |
| Principal office dadress MOST BE A STREET AD  |   |   |
| C. Enter new mailing address, if applicable:  |   |   |
| (Mailing address MAY BE A POST OFFICE B   | <u>0X</u> )   |   |
|   | <del></del>   | 00.25<br>E. 25<br>E. 25 |
|   |   |   |
| D. If amending the registered agent and/or regist<br>new registered agent and/or the new registere        | ered office address in Florida, ente<br>d office address: | er the name of the  |
|   | EDWARD L. BARD  |   |
| <del></del>   | 1139 S. POINTE ALEXIS DRIVE                               |   |
|   | (Florida  | street address)   |
| New Registered Office Address:  |   |   |
|   | TARPON SPRINGS  | , Florida 34689   |
|   | (Clty)  | (Zip Code)  |
| New Registered Agent's Signature, if changing R hereby accept the appointment as registered agent.        | ecistered Acent:  I am familiar with and accept the       | obligations of the position.  |
| _   | Elway L<br>Signature of New Revisieres                    | Band  |

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>V</u> <u>Mi</u> | nn Doe<br>ke Jones<br>lly Smith |                             |
|----------------------------------|--------------------|---------------------------------|-----------------------------|
| Type of Action<br>(Check One)    | <u>Title</u>       | <u>Name</u>                     | <u>Addres</u> s             |
| 1) X Change                      | PD                 | EDWARD L. BARD                  | 1139 S. POINTE ALEXIS DRIVE |
| Add                              |                    |                                 | TARPON SPRINGS, FL 34689    |
| Remove                           |                    |                                 |                             |
| 2) Change                        |                    |                                 |                             |
| Add                              |                    |                                 |                             |
| Remove                           |                    |                                 |                             |
| 3 ) Change                       |                    |                                 | <del></del>                 |
| Add                              |                    |                                 |                             |
| Remove                           |                    |                                 |                             |
| 4)Change                         |                    | <del></del>                     |                             |
| Add                              |                    |                                 |                             |
| Remove                           |                    |                                 |                             |
| 5) Change                        |                    |                                 |                             |
| Add                              |                    |                                 |                             |
| Remove                           |                    |                                 |                             |
| 6) Change                        | <del></del>        |                                 |                             |
| Add                              |                    |                                 |                             |
| Remove                           |                    |                                 |                             |

| f amending or adding additional Arti<br>ttach additional sheets, if necessary). | (Be specific) |
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|                    |  |                                     | SEPTEMBER 30,  | 2017  |                              | _, if other than the            |
|--------------------|--|-------------------------------------|--|---|------------------------------|---------------------------------|
| The<br>date        | date of each amenda<br>this document was sig   | ient(s) adoption<br>ned.            | n:   |   |                              | <b>7.1. 7.1. 1.1. 1.1. 1.1.</b> |
| Effe               | ctive date <u>if applicab</u>                  | le:                                 | (no more than 90 day   | ys after amendment file da  | (e)                          |                                 |
| <u>Not</u><br>docu | e: If the date inserted iment's effective date | in this block do<br>on the Departm  | es not meet the applic<br>ent of State's records.                      | able statutory filing require   | ements, this date will not l | pe listed as the                |
| Ado                | option of Amendment                            | (s)                                 | (CHECK ONE)  |   |                              |                                 |
|                    | The amendment(s) w<br>was/were sufficient f    | as/were adopted<br>or approval.     | i by the members and   | the number of votes cast fe   | or the amendment(5)          |                                 |
|                    | There are no membe adopted by the board        | rs or members of<br>1 of directors. | ntitled to vote on the   | amendment(s). The amend   | ment(s) was/were             |                                 |
|                    | Dated _  | OCTOBER 9, 20                       | 017  |   |                              |                                 |
|                    | h  | ave not been so                     | or vice chairman of the lected, by an incorpor inted fiduciary by that | te board, president or other<br>ator – if in the hands of a r<br>fiduciary) | officer-if directors         | <del>_</del>                    |
|                    |  | EDWARD L                            | BARD   |   |                              |                                 |
|                    |  |                                     | (Typed or p  | printed name of person sign   | ning)                        |                                 |
|                    |  | PRESIDENT                           |  |   |                              |                                 |
|                    |  | <del></del>                         |  | (Title of person signing)   | <del></del>                  |                                 |

. . . . .