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COVER LETTER

TO: Amendment Section Division of Corporations

LAKE WO NAME OF CORPORATION:	RTH SCOTTISH RIT	TE FOUNDATION, IN	C.
N96000002419			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for fil	ing.	
Please return all correspondence concerning	his matter to the follo	owing:	
Stanley Leon Hudson			
	(Name of C	ontact Person)	
Lake Worth Scottish Rite Foundation, Inc.			
	(Firm/	Company)	
2000 North D Street			
	(Ad	ldress)	
Lake Worth, FL 33460			
	(City/ State	and Zip Code)	
lwscottishrite@aol.com			
E-mail address: (t	o be used for future a	nnual report notificatio	n)
For further information concerning this matte	r. please call:		
Stanley Leon Hudson		561 at	582-6794
(Name of Contact	et Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the	Florida Department of	State:
■ \$35 Filing Fee □\$43.75 Filin Certificate o		Copy Certi al copy is Certi) (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address		CA	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

(Name of Corporation	as currently filed with the Fl	orida Dept. of State)
N96000002419		
(Docur	nent Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not I</i>	For Profit Corporation adopts the following
a. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ted" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	ble:	
Principal office address <u>MUST BE A STREET A</u>	DDRESS)	
		2018 ALC SEC
C. Enter new mailing address, if applicable:		E 6
. (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	
		CO en
		
D. If amending the registered agent and/or regi		a, enter the name of the
new registered agent and/or the new register		
Name of New Registered Agent:	Roy D. Strohacker	
	2000 North D Street	
New Registered Office Address:		(Florida street address)
	Lake Worth	, Florida 33460
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I	Projetored Lagret	
hereby accept the appointment as registered agen	t tam familiar with and acce	pt the obligations of the position.
	74)//hon	acres
	Signature of New Reg	istered Agent, if changing
(/		

Page 1 of 4

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>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Director	Michael Strauss	2793 Hampton Cir S
Add			Delray Beach, FL 33445
X Remove			
Change	Director	Neil Anthony Stegali	3127 Washington Rd
Add			West Palm Beach, FL 33405
X Remove			
3.) Change	Director	Steven Alan Sucher	4115 Culpeper Ct
Add			West Palm Beach, FL 33409
X Remove			
4) Change	Director	Stanley Leon Hudson	1680 SW Cefalu Circle
X Add			Port St. Lucie, FL 34953
Remove			
5) Change	Director	Yon Hyok Kwon	8285 Emerald Winds Cir
XAdd			Boynton Beach, FL 33473
Remove			
6) Change	Director	Roy D. Strohacker	1325 South N Street
X Add			Lake Worth, FL 33460
Remove			

E. If amending or adding additional Articles, e (attach additional sheets, if necessary). (Be.	enecific)	cts/ nere.				
variach daditional success, if necessary). (Be :	specific)					
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T'he	August 8, 2018 le date of each amendment(s) adoption:	, if other than th
	te this document was signed.	•
Effe	fective date <u>if applicable</u> :	_
	(no more than 90 days after amendment file date)	
	<u>ste:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records.	: listed as the
Ada	loption of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.	
	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 August 8, 2018	
	Signature // Arc // Mulicon	•
	(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)	
	Yon Hyok Kwon	
-	(Typed or printed name of person signing)	
-	Director	
	(Title of person signing)	