N970000503Z

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	·
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



200145611022

03/19/09--01015--014 **35.00



NC News 09 3-20-09

COVER LETTER

TO: Amendment Section Division of Corporations

· · · ·	Marion "5)	horty" Neobit Men	norial INC. Auxili	
Marion "Shorty" Neobit Memorial, INC., Auxilians and Inc., Auxilians to the veterans of				
DOCUMENT NU	mber: <u>N<i>9</i>70000</u>	5 <i>50</i> 32		
The enclosed Artic	les of Amendment and fee a	re submitted for filing.		
Please return all co	rrespondence concerning thi	is matter to the following:		
<i>.</i>	Yvonne Mal	lone		
	(Name	of Contact Person)		
	(Fii	rm/ Company)		
	24248 Kans	Man Rd (Address)		
	a. 12m. A.1	5 7 1/ 1		
	Brooksville (City/S	tale and Zip Code)		
For further informa	tion concerning this matter,	please call:		
<u>کلام ۵ تا ک</u> (Name	of Contact Person)	at (<u>352</u>) <u>796</u> -	re Telephone Number)	
Enclosed is a check	for the following amount m	nade payable to the Florida De	epartment of State:	
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
P.O. Box 63	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center C	ircie	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Hernando Consty INC. Aux. lian to Post (Name of Corporation as currently filed with N97000005032	the Florida Dept. of St	ate) of foreign Nats
N97000005032	OE	the United States
(Document Number of Corpora	tion (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute the following amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For I</i>	Profit Corporation adopts
A. If amending name, enter the new name of the corporati	<u>on:</u>	
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may no	d'"corporation" or "inc	lies Auxiliary to the vetera
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Same	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5ame	A SERVICE OF THE PARTY OF THE P
(17441116)		8
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		nter the name of the
Name of New Registered Agent:		_
New Registered Office Address: (Flo	rida street address)	
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am position.	Agent: n familiar with and acc	ept the obligations of the
·	w Registered Agent, if cl	nanging

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)

Address **Type of Action** <u>Title</u> <u>Name</u> ☐ Add ☐ Remove _ **Q** Add □ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendmen	t(s) adoption: March 16, 2009
Effective date if applicable:	
Enterive date in apparents.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated M	arch 16, 2009
Signature	
(B _y	the chairman or vice chairman of the board, president or other officer-if directors
	re not been selected, by an incorporator – if in the hands of a receiver, trustee, or
·	er court appointed fiduciary by that fiduciary)
and a	M
	NONNE Malone
	(Typed or printed name of person signing)
	Treasurer (Title of person signing)
	(Title of person signing)

Page 3 of 3