

N98000000699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

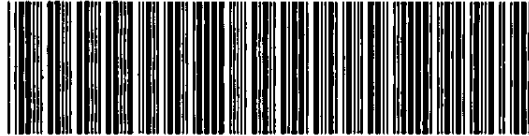
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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*Name Change
Amend*

09/24/15--01009--021 **35.00

FILED
2015 OCT 22 PM 4:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

OCT 22 2015
A RAMSEY

X00789, 04085, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2015

Carol Hetherington Treasurer
Veterans of Foreign Wars Ladies
906 Hwy 44 E
Inverness, FL 34450

SUBJECT: EUGENE QUINN, INC. AUXILIARY TO POST NO. 4337, LADIES
AUXILIARY TO THE VETERANS OF FOREIGN WARS OF THE UNITED
STATES.

Ref. Number: N98000000699

We have received your document for EUGENE QUINN, INC. AUXILIARY TO
POST NO. 4337, LADIES AUXILIARY TO THE VETERANS OF FOREIGN
WARS OF THE UNITED STATES. and your check(s) totaling \$35.00. However,
the enclosed document has not been filed and is being returned for the following
correction(s):

The form you submitted is for a Florida limited liability company, but your entity is
a Florida non profit corporation. Please complete and return the enclosed blank
form(s).

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 315A00021216

RECEIVED
15 OCT 22 PM 2:24
[Stamp]

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EUGENE QUINN INC. AUXILIARY to Post #4337 LADIES Auxiliary
TO THE VETERANS OF FOREIGN WARS OF THE UNITED STATES

DOCUMENT NUMBER: N 98000006 699

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAROL HETHERINGTON TREASURER
(Name of Contact Person)

EUGENE QUINN INC. AUXILIARY to Post #4337 LADIES AUXILIARY TO THE VETERANS OF
FOREIGN WARS OF THE UNITED STATES (Firm/ Company)

906 E HWY 44
(Address)

INVERNESS, FL 34452
(City/ State and Zip Code)

CAHA 4334 @ hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROL HETHERINGTON at 352 726-2572
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|---|--|

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

EUGENE QUINN INC. AUXILIARY TO POST #4337 LADIES AUXILIARY TO THE VETERANS OF THE UNITED STATES
(Name of Corporation as currently filed with the Florida Dept. of State)

N98000000699

(Document Number of Corporation (if known))

FILED
2015 OCT 22 PM 4:00
STATE OF FLORIDA
FOREIGN WARS OF THE UNITED STATES

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

EUGENE QUINN INC. AUXILIARY TO POST #4337 AUXILIARY TO THE VETERANS OF FOREIGN WARS OF THE UNITED STATES
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." *THE NEW*
"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:

Name of New Registered Agent:

(Florida street address)

New Registered Office Address:

(City)

Florida

(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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will 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.
- ☐ 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 Oct 18, 2015

Signature Carol A. Heymerington
(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)

CAROL A HEYMERINGTON
(Typed or printed name of person signing)

AUXILIARY TREASURER
(Title of person signing)