

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Disabled Patriots of America Inc.

DOCUMENT NUMBER: N02000007715

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

Please return all correspondence concerning this matter to the following:

Maria Gallagher
(Name of Contact Person)

Disable Patriots of America Inc.
(Firm/ Company)

702 North E. Street
(Address)

Lake Worth FL 33460
(City/ State and Zip Code)

disabledpatriots.comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Gallagher at (561) 452-4155
(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 checked="" 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

Disable Patriots of America, Incorporated
(Name of Corporation as currently filed with the Florida Dept. of State)

N0200007715

(Document Number of Corporation (if known))

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:

NIA

The new 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)

NIA

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NIA

SECRETARY OF STATE
TAMPA, FLORIDA
JUL 28 AM 9:07

FILED

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:

NIA

New Registered Office Address:

(Florida street address)

Florida

(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.

NIA

Signature of New Registered Agent, if changing

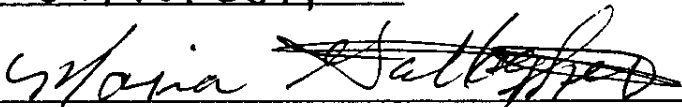
The date of each amendment(s) adoption: 07/18/2011

Effective date if applicable: 07/18/2011
(date of adoption is required)
(no more than 90 days after amendment file date)

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 07/18/2011

Signature 

(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)

Maria Gallagher
(Typed or printed name of person signing)

President
(Title of person signing)