

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: American Heroes Art Projects Foundation, Inc.

DOCUMENT NUMBER: N09000005187

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

Please return all correspondence concerning this matter to the following:

Julie Feingold
(Name of Contact Person)

American Heroes Art Projects Foundation, Inc.
(Firm/ Company)

P.O. Box 810372
(Address)

Boca Raton, Florida 33481-0372
(City/ State and Zip Code)

Heart2Hand@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Feingold at (561) 702-6396
(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

AMERICAN HEROES ART PROJECTS FOUNDATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N09000005187

(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:

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**)*

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: _____

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.

Signature of New Registered Agent, if changing

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Articles of Dissolution:

Upon the dissolution of the American Heroes Art Projects Foundation, Inc.,
 assets shall be distributed for one or more exempt purposes within the meaning
 of section 501c3 of the Internal Revenue Code, or corresponding section of any
 future federal tax cod, or shall be distributed to the federal government, or to a state
 or local government, for a public purpose. It is the wish of American Heroes Art
 Projects Foundation, Inc. that these assets be distributed to one or more of the following
 organizations: Operation Snowball Express

Fisher House

Tragedy Assistance Program for Survivors (TAPS)

All of these organizations are 501c3 exempt.

The date of each amendment(s) adoption: 7/1/2009
(date of adoption is required)

Effective date if applicable: 7/1/2009
(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 7/22/09

Signature Julie Feingold

(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)

Julie Feingold
(Typed or printed name of person signing)

President
(Title of person signing)