M1000011804

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



900235681829

06/01/12--01012--005 **\$2.50

DIVISION OF CORPORATION

12 JUN - 1 AM 8: 23

Amend CC CUS War Wald

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Gold Star Awareness, Inc. N11000011864 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Antonia M. Gross (Name of Contact Person) Gold Star Awareness; Inc. (Firm/ Company) 711 Satinleaf Avenue (Address) Oldsmar, FL 34677 (City/ State and Zip Code) cgross5@tampabay.rr.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $\begin{array}{c} \text{at} \, (\underbrace{813}_{\text{(Area Code & Daytime Telephone Number)}} \\ \end{array}$ Antonia M. Gross (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □ \$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Gold Star Awareness, Inc		· · · · · · · · · · · · · · · · · · ·	
(Name of Corporation as currently	filed with the Fl	orida Dept, of State)	
N11000011864			
,	Number of Corpor	, ,	
ursuant to the provisions of section 617.10 mendment(s) to its Articles of Incorporation		tes, this Florida Not For Profit Corporation adopts the	e following
. If amending name, enter the new nam	e of the corporat	tion:	
N/A	•		The new
Company" or "Co." may not be used in the	te name.	ntion" or "incorporated" or the abbreviation "Corp."	
 Enter new principal office address, if a Principal office address MUST BE A STR) N/A	_
		IV/A	By
			- 12 (Single Care)
Enter new mailing address, if applica	ble:	N/A	12 JUN - 1 M 8: 23
(Mailing address MAY BE A POST OF	FFICE BOX	IN/A	_ ~ ~
			_ 玉
			بن
If amonding the registered agent and/	on posistaned offi	ice address in Florida, enter the name of the	در –
new registered agent and/or the new r			
Name of New Registered Agent:	N/A		
Variable and Office Address.		(Florida street address)	
<u>lew Registered Office Address:</u>	N/A		
' -	(City)	, Florida, Florida	
	(Cily)	(Zip Code)	
ew Registered Agent's Signature, if cha hereby accept the appointment as registere		<u>l Agent:</u> miliar with and accept the obligations of the position	ı.
Signo	ture of New Poor	stared 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove			
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove	<u></u>		
5) Change Add Remove			
6) Change Add Remove			

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

Article IX

Article IX
Said organization is organized exclusively for charitable, religious, educational, and
scientific purposes, including, for such purposes, the making of distributions to
organizations that qualify as exempt organizations under section 501(c)(3) of the
Internal Revenue Code,or corresponding section of any future federal tax code
Upon the dissolution of the organization, assets shall be distributed
for one or more exempt purposes within the meaning of section 501(c)(3)
of the Internal Revenue Code, or corresponding section of any future
federal tax code, or shall be be distributed to the federal government,
or to a state or local government, for a public purpose. Any such assets
not disposed of shall be disposed of by a court of competent jurisdiction in the
county in which the principal office of the organization is then located,
exclusively for such purposes or to such organization or organizations,
as said Court shall determine, which are organized and operated
exclusively for such purposes.

The date of each amendment	t(s) adoption: 5/25/2012
Effective date <u>if applicable</u> :	5/25/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) oproval.
There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.
Dated 5/2	6/2012 Interna M. Gross
(By the	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
Antonia	a M. Gross
	(Typed or printed name of person signing)
Preside	ent
	(Title of person signing)