

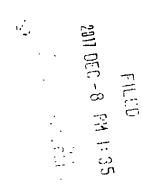
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C GOLDEN
DEC 1 1 2017

## COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Veterains Alliance Helping Veterains Inc DOCUMENT NUMBER: NO 600 COLL 72 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Janet Grellenberger (Name opContact Person) (Firm/ Company) 267/ Luce De W (Address) Clearwater FL 33761 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Name of Contact Person) at 727 \$158372

(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: □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

Tallahassee, Fl. 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

to rricl<del>e</del>s of Incorporatio

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A	rticles of Incorpor	ation	• •
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Veterans Alliance Hed	soc Voto	constac	ZIM (UID = 0 -11)
(Name of Corporation as	urrently filed with	the Florida Dept. of	State)
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N 060000	11/2	tion (it brown)	
(Document	Number of Corpora	tion (it known)	
rsuant to the provisions of section 617,1006. Florida	Statutes, this Florid	a Not For Profit Corp	poration adopts the following
endment(s) to its Articles of Incorporation:			
If amending name, enter the new name of the cor	poration:		
Tomas Ruy Voternus &	Midnee	Inc	The new
inte must be distinguished) and contain the word "co	orporation" or "inc	arporated" or the abb	breviation "Corp" or Inc."
Company" or "Co." may not be used in the name			
- to the state of			
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADD</u>	RESS)		
micipal typics against a second and a second a second and			
. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)	Σί		<del></del>
		<del></del> -	
If amending the registered agent and/or register	nd office address i	n Florida enter the t	name of the
new registered agent and/or the new registered	office address:	1 101700.	
New Years and The Section 1997			
Name of New Registered Agent:			
		iFlorida street ac	ddressi
New Registered Office Address:			
			, Florida
	(City)		(Zip Code)
lew Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent	Istered Agent: Lam familiar with	and accept the obligat	tions of the position
пстепу ассері іне аррошінені из гедіметей адеті	· · · · · · · · · · · · · · · · · · ·		•
		Vess Registered Agent	: if changing
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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 Doc. PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:  X Change X Remove X Add	PT John V Mike SV Sally	<u>Doe</u> Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change	<del></del>		
Add			
Remove			
2) Change			
Add			
Remove			
3.1 Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
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Aúd			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary)	cles, enter change(s) here: (Be specific)

The date of each amendment(s) adoption:, if other than th
date this document was signed.
Effective date if applicable: 1/1/2018  (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 east 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.
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)  (Typed or printed name of person signing)
(Title of person signing)