N09000009868

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TALLAHASSEE, FLORIDA

6/9/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THANKS FOR THE MAMMORIES-SONS INC.

DOCUMENT NUMBER: N09000009868

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

Please return all correspondence concerning this matter to the following:

Lori Palso
(Name of Contact Person)

(Firm/ Company)

1737 87th Terrace N
(Address)

St. Petersburg, FL 33702
(City/ State and Zip Code)

lpalso1737@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Palso at (727) 510-2724
(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:

☐ $35 Filing Fee

☐ $43.75 Filing Fee & Certificate of Status

☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

☑ $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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

THANKS FOR THE MAMMORIES - SONS INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

N09000009868
(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)

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C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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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

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)

Title	Name	Address	Type of Action
--			☐ Add ☐ Remove
--			☐ Add ☐ Remove
--			☐ Add ☐ Remove

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

ARTICLE III - TO RAISE FUNDS FOR THE SUSAN G. KOMAN BREAST CANCER FOUNDATION. THIS CORPORATION IS ORGANIZED EXCLUSIVELY FOR PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE I.R.S. CODE OR CORRES-PONDING PROVISION OF ANY FUTURE U.S. I.R.S. LAW. UPON DISSOLUTION OF THIS CORPORATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE I.R.S. CODE OR THE CORRESPONDING SECTION OF THE FUTURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE. UPON DISSOLUTION ALL ASSETS WILL BE DONATED TO THE SUSAN G. KOMEN BREAST CANCER FOUNDATION AND NATIONAL PHILANTHROPIC TRUST.

ARTICLE IV - Our Board of Directors consists of a President, Vice-President and Treasurer. These officers must be an active team walking member or team support crew member. Our officers are elected the Monday following the annual Susan G Komen 3 Day walk in Tampa Bay. They are elected by all current members of the Thanks for the Mammories team. Their terms are for one year, but there is no term limitation.

The date of each amendment(s) adoption: 10/15/2009
(date of adoption is required)

Effective date if applicable: ______________________
(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 06/02/2010

Signature [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)

Lori Palso
(Typed or printed name of person signing)

Treasurer
(Title of person signing)