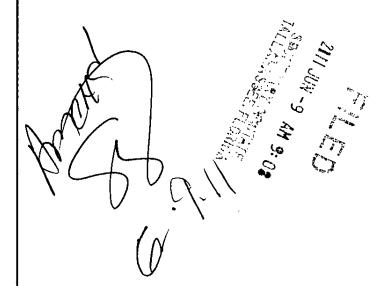
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### **COVER LETTER**

TO: Amendment Section

Division of Corporations

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: M. M. B. VETERIANS ASSISTANCE FOUNDATION, INC DOCUMENT NUMBER: N 1000008135 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: WILLIAM PEELER
(Name of Contact Person) (Firm/ Company) 2.0487 COUNTY RD 137
(Address) LAKE CITY, FL 32024
(City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William Peeler at 386 984-0691
(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: **ॼ**\$43.75 Filing Fee & ☐ \$35 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)

Street Address

Clifton Building

Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation

# M. B. VETERAN'S ASSISTANCE FOUNDATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

(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:	
N/a		
he new name must be distinguishable and co bbreviation "Corp." or "Inc." <u>"Company" or</u>		corporated" or the
B. Enter new principal office address, if appl Principal office address <u>MUST BE A STREET</u>		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
. If amending the registered agent and/or renew registered agent and/or the new registered		nter the name of the
Name of New Registered Agent:	N/A	
New Registered Office Address:	(Florida street address)	
-	(City)	, Florida (Zip Code)
ew Registered Agent's Signature, if changin	g Registered Agent:	
hereby accept the appointment as registered osition.		ept the obligations of t
		<del></del>
Si	gnature of New Registered Agent, if ch	anging

## 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>	Address	Type of Action
<u>D</u>	ROBERT C. CHILDRESS	P.O. BOX 1233 BEAUFORD FL	_ Add _ □ Remove
D	KIRBY JOHNS	SIL SW. CHARLES? LAKE CITY, FL 32024	DAdd Remove
			_
(attach ada	ng or adding additional Articles, enter c litional sheets, if necessary). (Be specific ATTACHED		
· ·			
	<u>-</u>		

### ATTACHMENT TO ITEM E:

Add to the MMB Veterans Assistance Foundation's Articles of Incorporation:

- A. Said organizations organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as tax exempt organizations under section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code.
- B. No part of the net earnings of the organization shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of the organization shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the organization shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the organization shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from federal tax under section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductable under section 170 (c) (2) of the Internal Revenue Code, or corresponding section of any future federal tax code.
- C. Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c) (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation 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.

In a mendment (s) (CHECK ONE)  Charte of adoption is required)  (no more than 90 days after amendment file date)  (CHECK ONE)  The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)
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 6-8-2011
Signature William C. Pelle
(By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, truste other court appointed fiduciary by that fiduciary)
William C. PEELER (Typed or printed name of person signing)
REGISTERED ACENT (Title of person signing)