

N 11 DDDDDDD 998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

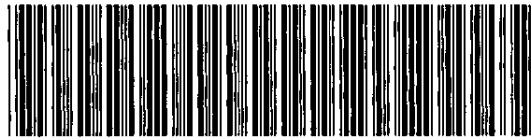
(Business Entity Name)

(Document Number)

Certified Copies Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



800236544478

12/07/12--01003--005 **43.75

12/7/12 RW
Amel

FILED
12 DEC -7 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

COPY

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: National Foundation for Children of Wounded Warriors

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Bobby Simeone

(Name of Contact Person)

(Firm/ Company)

3362 Turtle cove

(Address)

West Palm Beach, FL 33414

(City/ State and Zip Code)

simeoner@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bobby Simeone

at (**561**) **722-9620**

(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

RECEIVED

12 DEC -6 AM 10:39

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2012

BOBBY SIMONE NAT'L FOUNDATION FOR CHILDREN OF WOUNDED
WARRIORS, INC.
3362 TURTLE COVE
WEST PALM BEACH, FL 33414 US

SUBJECT: NATIONAL FOUNDATION FOR CHILDREN OF WOUNDED
WARRIORS, INC

Ref. Number: N11000000998

We have received your document for NATIONAL FOUNDATION FOR CHILDREN OF WOUNDED WARRIORS, INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check or money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6820.

Rebekah White
Regulatory Specialist

Letter Number: 612A00027849



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2012

BOBBY SIMONE NAT'L FOUNDATION FOR CHILDREN OF WOUNDED
WARRIORS, INC.
3362 TURTLE COVE
WEST PALM BEACH, FL 33414 US

SUBJECT: NATIONAL FOUNDATION FOR CHILDREN OF WOUNDED
WARRIORS, INC
Ref. Number: N11000000998

We have received your document for NATIONAL FOUNDATION FOR CHILDREN OF WOUNDED WARRIORS, INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check or money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6820.

Rebekah White
Regulatory Specialist

Letter Number: 612A00027849

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: National Foundation for Children of Wounded Warriors

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Bobby Simeone

(Name of Contact Person)

(Firm/ Company)

3362 Turtle cove

(Address)

West Palm Beach, FL 33414

(City/ State and Zip Code)

simeoner@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bobby Simeone

(Name of Contact Person)

at (**561**) **722-9620**

(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 type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" 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
Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED

12 NOV 19 AM 10:27

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

National Foundation for Children of Wounded Warriors

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

(Document Number of Corporation (if known))

FILED
12 DEC -7 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

NIA

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:

NIA

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

NIA

(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:

NIA

(Florida street address)

New Registered Office Address:

NIA

(City)

Florida

(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.

NIA

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)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Alex Nunez</u>	<u>3362 Turtle cove</u> <u>West Palm Beach, FL 33411</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Andrew Moore</u>	<u>3362 Turtle cove</u> <u>West Palm Beach, FL 33411</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>William S Nogueras</u>	<u>3362 Turtle cove</u> <u>West Palm Beach, FL 33411</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove		<u>N/A</u>	
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove		<u>N/A</u>	
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove		<u>N/A</u>	

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

See the attached page with highlighted sections. Please add the highlighted two paragraphs to Article III in the Articles of Incorporation section.

The date of each amendment(s) adoption: Nov. 9, 2012

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 11/9/12

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)

Bobby Simeone

(Typed or printed name of person signing)

President

(Title of person signing)

National Foundation for Children of
EIN: 80-0680242

Additional Information Requested:

1. Please read the Penalties of Perjury statement on page 1 above. Then, sign and date below, indicating you agree to the Declaration.

Name	Date
------	------

2. In order to meet the organizational test for exemption under Code section 501(c)(3), your Articles of Incorporation, must be amended to include the following provisions:

~~Said organization is organized exclusively for charitable, religious, and educational 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 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 the court having proper jurisdiction in the county where 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.~~

Add to Article III in the Articles of Incorporation

Since you are incorporated, your amendment must show that it has been filed with and approved by the State of Florida.

PLEASE DIRECT ALL CORRESPONDENCE REGARDING YOUR CASE TO:

US Mail:

Internal Revenue Service
Exempt Organizations
P. O. Box 12192
Covington, KY 41012-0192

Street Address for Delivery Service:

Internal Revenue Service
Exempt Organizations
201 Rivercenter Blvd
ATTN: Extracting Stop 312
Covington, KY 41011