N1200000003624

(Requestor's Name)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS
MAY 2 2 2014
EXAMINER

COVER LETTER

TO: Amendment Section
    Division of Corporations

NAME OF CORPORATION: **Ibis Friends of Veterans Charitable Org Inc**

DOCUMENT NUMBER: **N12000003624**

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

Please return all correspondence concerning this matter to the following:

Bruce Gamradt

(Name of Contact Person)

Ibis Friends of Veterans Charitable Org Inc

(Firm/ Company)

10130 Northlake Blvd Suite 214-303

(Address)

West Palm Beach, Fl 33412

(City/ State and Zip Code)

IbisFriendsofVeterans@gmail.com

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

For further information concerning this matter, please call:

Bruce Gamradt   at (**720**) **425-0603**

(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 &   ☐ $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

Ibis Friends of Veterans Charitable Org Inc

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

N12000003624

(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)

_____

_____

C. **Enter new mailing address, if applicable:**
(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: _____

_____
(Florida street address)

New Registered Office 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

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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change ____ Add ____ Remove	_____		
2) ____ Change ____ Add ____ Remove	_____		
3) ____ Change ____ Add ____ Remove	_____		
4) ____ Change ____ Add ____ Remove	_____		
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)

We are amending the Mission Statement to read "improve the lives of Veterans and their families

within the State of Florida as well and the Veterans and their families within the State of Colorado.

As previously stated all funds raised will be distributed to and through recognized approved 501 C(3)'s.

Because of our success we are supporting the many Veterans attending Palm Beach State College

and Colorado University in Boulder through Palm Beach State Foundation and CU Foundation.

Both 501 C(3)'s that will not issue Tax letters to individuals thus requiring our Organization to be the

go between. We continue to be a 100% volunteer organization allowing us to pass through 100% of monies

after real and limited expenses.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date **if applicable**: **June 1, 2014** _____

(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 **May 6, 2014** _____

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)

Bruce Gamradt
_____
(Typed or printed name of person signing)

Chairman/President
_____
(Title of person signing)