N1200000036

(Re	equestor's Name)	
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Amend 14

COVER LETTER

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Artist's fo	r Multiple Sclerosis			
DOCUMENT NUMBER: N12000007	365			
The enclosed Articles of Amendment and fee are subr	mitted for filing.			
Please return all correspondence concerning this matter to the following:				
Gary Charles Renshaw				
	(Name of Contact Person)			
Artist's for Multiple Sclere	osis			
	(Firm/ Company)			
2544 Sw Beverly Street				
to the second se	(Address)			
Port St. Lucie Florida 34	953			
	(City/ State and Zip Code)			
gr1966@att.net				
E-mail address: (to be used	for future annual report notification)			
For further information concerning this matter, please	call:			
Gary C. Renshaw	at (772) 263-0963 (Area Code & Daytime Telephone Number)			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:			
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 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			

Articles of Amendment Articles of Incorporation

Artist's for Multiple Sclerosis, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N12000007365 (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: 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. 2544 SW Beverly Street B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Port St. Lucie, Florida 34953 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.

Page 1 of 4

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: X Change X Remove X Add	PT John I V Mike SV Sally	Jones V / / / /	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add			
Remove			
4) Change Add			
Remove 5) Change			
Add			
6) Change	*****		
Add Remove			

E. <u>If a</u>	L. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
(atto	ch additional sheets, if necessary).	(Be specific)				
IDO		•				
<u>IKS</u>	Wording attached					
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Artists for Multiple Sclerosis, Inc. 46-0686160

Additional Information Requested:

Section 1.501(c)(3)-1(b) of the Treasury Regulations describes the requirements an organizing document must meet in order for an organization to be organized for one or more exempt purposes under section 501(c)(3). The organizing document must:

(a) Limit the purposes of such organization to one or more exempt purposes under IRC 501(c)(3); and

(b) not expressly empower the organization to engage, otherwise than as an insubstantial part of its activities, in activities that in themselves are not in furtherance of one or more exempt purposes; and

(c) provide that an organization's assets must be dedicated to an exempt purpose within IRC 501(c)(3), either by an express provision in its governing instrument or by operation of law.

See page 7 of the Instructions for Form 1023 for more details and examples of specific language that meets the requirements.

16,2014

The organizing document submitted with your application does not meet these requirements. Please amend your organizing document to include the appropriate provisions. Please sign and date the statement below to attest that your organizing document has been amended to meet these requirements.

I attest that our arganizing document has been amended to comply with the above regulations.

Signature

Date

NOTE: It is not necessary to submit a copy of the actual document with your response. The signature above is sufficient. Submitting a copy of the document or submitting conflicting supplemental information could delay the processing of your application.

PLEASE DIRECT ALL CORRESPONDENCE REGARDING YOUR CASE TO:

US Mail:

Internal Revenue Service Exempt Organizations P. O. Box 2508 Cincinnati, OH 45201 ATT: John McGee

TT: John McGee Room 7008 Group 7810 Street Address for Delivery Service:

Internal Revenue Service Exempt Organizations 550 Main St, Federal Bldg. Cincinnati, OH 45202 ATT: John McGee

Room 7008 Group 7810

The date of each amendment(s) adoption: date this document was signed.	, if other than the
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 01/16/2014	
Signature de Clerk	
(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	
offier court appointed fiduciary by that fiduciary)	
Gary C. Renshaw	
(Typed or printed name of person signing)	
President	
(Title of person signing)	