N15000002156

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
	WAIT			
(Business Entity Name)				
(Document Number)				
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Amend CUS 10, 4,20,15

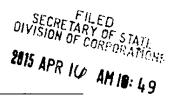
COVER LETTER

TO: Amendment Section **Division of Corporations**

Division of Corporations				
NAME OF CORPORATION: Wounded	Veterans F	oundation		
DOCUMENT NUMBER: N15000002	156			
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
CATHERINE SOLOMON				
	(Name of Contact Perso	n)		
WOUNDED VETERANS	FOUNDA	ΓΙΟΝ		
	(Firm/ Company)			
330 SE 2ND STREET				
	(Address)			
HALLENDALE FLORIDA	A 33			
	(City/ State and Zip Cod	e)		
WOUNDEDVETERANSFOUNDATION@GMAIL.COM				
E-mail address: (to be used	for future annual report	notification)		
For further information concerning this matter, please	call:			
CATHERINE SOLOMON	702	,945-1748		
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)		
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of State:		
\$35 Filing Fee		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)		
Mailing Address Amendment Section		Address Iment Section		
Division of Corporations	Divisio	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



WOUNDED VETERANS FOUNDATION

(Name of Corporation as currently filed with the Florida Dept. of State) N15000002156 (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. 330 SE 2ND STREET B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) HALLANDALE FL 33009 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:

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

Florida

(Zip Code)

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 A Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) X Change	PR_	PETER SABA	1821 MAYO STREET
Add			HOLLYWOOD FL 33020
X Remove			
2) Change	PR	CATHERINE SOLOMON	330 SE 2ND STREET
\mathbf{X}_{Add}			HALLANDALE FL 33009
Remove			
3) Change	<u>VP</u>	PETER SABA	1821 SE 2ND STREET
Add			HALLANDALE FL 33009
X Remove			4247
4) Change			
Add	- 10		
Remove			
5) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Artitach additional sheets, if necessary).	(Be specific)
	A 10 10 10 10 10 10 10 10 10 10 10 10 10
	T
S The Material Control of the Contro	
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	e date of each amendment(s) adoption:e this document was signed.	, if other than the			
Eff	Effective date if applicable: (no more than 90 days after amendment file date)				
	ino more man 20 auys after amenament fue aute)				
Ade	option of Amendment(s) (<u>CHECK ONE</u>)				
×	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 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)				
	CATHERINE SOLOMON				
	(Typed or printed name of person signing) (Title of paragraphics)				
	(Title of person signing)				