

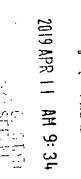
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C. GOLDEN APR 1 8 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: THE ORIGINAL N	FL VETERANS HO	NORING MI	LITARY VETERANS, INC.
DOCUMENT NUMBER: N19000003216			
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
IRENE PRIDGEN			
(Name of Contact Per	son)	
THE ORIGINAL NFL VETERANS HONOR	ING MILITARY VE	TERANS, IN	C
6000 25 TH WAY SOUTH	(Firm/ Company)		
	(Address)		
ST PETERSBURG FL 33712			
(1	City/ State and Zip C	ode)	
Irenepridgen@gmail.com			
E-mail address: (to be used to	for future annual repo	ort notification)
For further information concerning this matter, please of	call (727) 642-3499		
	at		
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida D	epartment of S	State:
■ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ame Divi Clift	et Address endment Section sion of Corpor on Building Executive Co	rations

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FHED

THE ORIGINAL NFL VETERANS HONORING MILITARY VETERANS, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

2019 APR 11 AM 9: 34

(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

. I.A.SEC.FL

amendment(s) to its Articles of Incorporation:		
A. If amending name, enter the new name of the co	rporation:	
name must be distinguishable and contain the word "co	proporation" or "incorporate	d" or the abbreviation "Corn" or "Inc"
"Company" or "Co." may not be used in the name.	apa unon or morparuit	a or the unoreviation corp. or the.
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD</u>	RESS)	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	0	
D. If amending the registered agent and/or registere	d office address in Florida	, enter the name of the
new registered agent and/or the new registered o	ffice address:	
Name of New Registered Agent:	**	
New Registered Office Address:	(<i>r</i>	lorida street 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

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 Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change Add Remove	<u>S</u>	AIMEE ANGEL	6000 25 TH WAY SOUTH ST PETERSBURG FL 33712
2)X ChangeAddRemove 3)ChangeAddRemove	<u>T</u>	STEPHANIE ANDERSON	6000 25 TH WAY SOUTH ST PETERSBURG FL 33712
4)Change Add Remove			
5)ChangeAddRemove			
6)Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

ARTICLE IX: DISSOLUTION

UPON 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 BY A COURT OF COMPETENT JURISDICTION OF THE COUNTY IN WHICH THE PRINCIPLE 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.

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing requirements, this date will not artment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado was/were sufficient for approva	pted by the members and the number of votes cast for the amendment(s)	
X There are no members or member adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) was/were	
Dated <u>4/5/19</u>		
Signature	in Pridgen	
have not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	_
ī	RENE PRIDGEN	
	(Typed or printed name of person signing)	

PRESIDENT

(Title of person signing)