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Certified Copies	Certificates	of Status
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SECRETARY OF STATE TALLAHASSEE, FI ORIGINAL

COVER LETTER

TO: Amendment Section Division of Corporations

	OD ATION. Allied Veters	ans of the World Womens Au	iviliary Inc : Headqua
NAME OF CORP	ORATION: Ailled Vetera	ans of the world womens Ac	
DOCUMENT NU	MBER: <u>N97000006226</u>		·
The enclosed Artic	les of Amendment and fee a	are submitted for filing.	
Please return all co	rrespondence concerning the	is matter to the following:	
Laur	ie M. Lee, Esq		
	(Name	of Contact Person)	
Math	nis & Murphy, P.A.		
	(Fi	rm/ Company)	
<u>50 N</u>	lorth Laura St., Ste 1700	(4.11)	
		(Address)	
<u>Jack</u>	sonville, FL 32202	tate and Zip Code)	
For further informa	tion concerning this matter,	·	
	-		
Laurie M. Lee, Es	of Contact Person)	at (904) 356-450 (Area Code & Daytime	
	·	nade payable to the Florida Dep	
✓ \$35 Filing Fce	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendmen Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Clarations Tallahassee, FL 32301	ircle

Articles of Amendment to Articles of Incorporation of



Allied Veterans of the World Womens Auxiliary, Inc.: Headquarters (Name of Corporation as currently filed with the Florida Dept. of State) N97000006226 ÷ (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: Allied Veterans of the World, Inc. & Affiliates: HQ Aux. 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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 street address)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
E. If amen (attach a	ding or adding additional additional additional sheets, if necessary	Articles, enter change(s) here: y). (Be specific)	
·			· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption:				
Effective date if applicable:				
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.			
There are no members or adopted by the board of dir	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.			
Dated	12/1/08			
Signature	John de			
(By hav	the mairman or vice chairman of the board, president or other officer-if directors is not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)			
	(Typed or printed name of person signing)			
	(Title of person signing)			