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SECRETARY OF STATE
ALLAHASSEE, FI OPINA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: <u>NATION A</u>	L VieTNAM WA	AR MUSEUM, INC
DOCUMENT NUM	BER: <u>N98000</u>	00 6815	
The enclosed Articles	s of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
R	ichard E	BooTh (Contact Person)	
_	(Name of	f Contact Person)	
		·	
	(Firm	n/ Company)	
17	55 Sweetw.	Aten West Co	iecle
	(Address)	
A	POPKA Flor	<i>i'dA</i> 32712 - ate and Zip Code)	-2481
	(City/ Sta	ate and Zip Code)	
boo	Thrichard DE	EMBAR O MAIL.	com
	E-mail address: (to be use	ed for future annual report notific	cation)
For further information	on concerning this matter, pleas	se call:	
	•		
Pichned	S. Roigth	at (UD) \ 484	1-9504
(Name	of Contact Person)	at (<u>407</u>) <u>884</u> (Area Code & Dayti	ime Telephone Number)
Enclosed is a check f	for the following amount made	payable to the Florida Departmen	nt 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
4 *** 13		C44 4 d4	is enclosed)
	ling Address ndment Section	Street Address Amendment Section	
	sion of Corporations	Division of Corporati	ions
	Box 6327	Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301



August 10, 2009

RICHARD BOOTH 1755 SWEET WATER WEST CIR APOPKA, FL 32712-2481

Ref. Number: N9800006815

We have received your document for and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Letter Number: 509A00027270

Carol Mustain Regulatory Specialist II

Division of Corporations - P.O. ROX 6327 - Tallahassee, Florida 32314

Articles of Amendment to Articles of Incorporation of

NATIONAL VIETNAM WAR MUSEUM INC. (Name of Corporation as currently filed with the Florida Dept. of State)
(Name of Corporation as currently fried with the Florida Dept. of State) N 98 0000 68/5 (Document Number of Corporation (if known)
ursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts e following amendment(s) to its Articles of Incorporation:
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 observation "Corp." or "Inc." "Company" or "Co." may not be used in the name. Enter new principal office address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Apopha, FL 32712-2481
. 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: Richard E. Bootz
New Registered Office Address: (Florida street address) 1755 Sweet Water West Cip.
<u>Apopka</u> , Florida <u>327</u> /2 - 248/ (City) (Zip Code)
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the osition.

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>		<u>Address</u>	Type of Action
Preside	it <u>Schol</u>	ler, HARRY T	32817	Add Remove
		eli, Fred	10039 Hidden L LANC, ORLAND FL, 32832	Add Add Remove
Secenta.	ey Roda	ziquez, Jami	e 12537 WATER HAVE DRLANDO FL 32828	w Cn □ Add □ □ □ Remove
		additional Articles, enter if necessary). (Be spec		
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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>	Name	<u>Address</u>	Type of Action
-		ALMODOVAR, GRACE	14715 Lougeess ST OPLANGO, FL 32826	☐ Add Remove
Pre	sident	HORNE, EUSTACE	LONG WOOD, FL 32750	Add Remove
sī Vice		MeLendez, AL	1450 PON PON CT ORLANDO, FL 32750	Add Remove
		s or adding additional Articles, enter clional sheets, if necessary). (Be specific		
		•		
				
				
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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>	Name	Address	Type of Action
end Vice Reside	IT AlmodovAR, HARRY	ORLANDO FL	Add ☐ Remove
TRQA SURER		3271 32833 1255 Sweetwater West Cir POPKA, FL 32112	Add Remove
**************************************			☐ Add ☐ Remove
	or adding additional Articles, enter clional sheets, if necessary). (Be specific		
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The date of each amendment(s) a	loption: August 8, 2009 (date of adoption is required)
	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directo	pers entitled to vote on the amendment(s). The amendment(s) was/were s.
•	T 14,2009
Signature	Ward Books
(By the have no	chairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, our appointed fiduciary by that fiduciary)
Æ	(Typed or printed name of person signing)
	TREASURER (Title of person signing)
	(Thic of person signing)

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