

STATE OF ALABAMA
DOMESTIC NON-PROFIT CORPORATION
ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION GUIDELINES

INSTRUCTIONS (PLEASE TYPE)

FILE THE ORIGINAL AND TWO COPIES IN THE COUNTY WHERE THE ORIGINAL ARTICLES OF INCORPORATION ARE FILED. IF THE AMENDMENT CHANGES THE NAME, THE SECRETARY OF STATE'S FEE IS \$10. OTHERWISE, THERE IS NO FEE FOR FILING A NON-PROFIT AMENDMENT. THE PROBATE JUDGE'S MINIMUM FEE FOR FILING AN AMENDMENT IS \$10.

PURSUANT TO THE PROVISIONS OF THE ALABAMA NONPROFIT CORPORATION ACT, THE UNDERSIGNED HEREBY ADOPTS THE FOLLOWING ARTICLES OF AMENDMENT.

Article I The name of the corporation:
Alabama Autism Assistance Program

Article II The following amendment was adopted:
see attached

Article III The date of the meeting of the members where the amendment was adopted, a quorum was present, and the amendment received at least two-thirds of the votes entitled to be cast: _____

Article IV If there was no meeting, attach a statement that such amendment was adopted by written consent and signed by all members entitled to vote.

Article V If there are no members or no members are entitled to vote, attach a statement indicating this fact, the date of the Board of Directors meeting at which the amendment was adopted, and that the amendment was adopted by the vote of a majority of the directors in office.

Date: 11/24/08

[Signature]
Signature of President or Vice President

STATE: Alabama

[Signature]
Signature of Secretary or Assistant Secretary

COUNTY: Shelby

BEFORE ME THE UNDERSIGNED AUTHORITY IN AND FOR SAID COUNTY AND STATE, PERSONALLY APPEARED Jennifer Gallini WHO BEING BY ME FIRST DULY SWORN, DOTH DEPOSE AND SAY THAT HE/SHE IS THE President OF Alabama Autism Assistance Program, AN ALABAMA CORPORATION, AND THAT THE FOREGOING STATEMENTS CONTAINED IN THIS AMENDMENT ARE TRUE, FULL AND CORRECT.

[Signature]
SIGNATURE OF OFFICER ABOVE

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS THE 24th DAY OF November, 2008, IN WITNESS WHEREOF I HERETO SUBSCRIBE MY NAME AND AFFIX THE SEAL OF MY OFFICE.

[Signature]
SIGNATURE OF NOTARY

My Commission Expires 6/16/2012
MY COMMISSION EXPIRES



20081125000449250 2/3 \$15.00
Shelby Cnty Judge of Probate, AL
11/25/2008 09:59:55AM FILED/CERT

Article VIII

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c) (3) of the Internal Revenue Code, or 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.

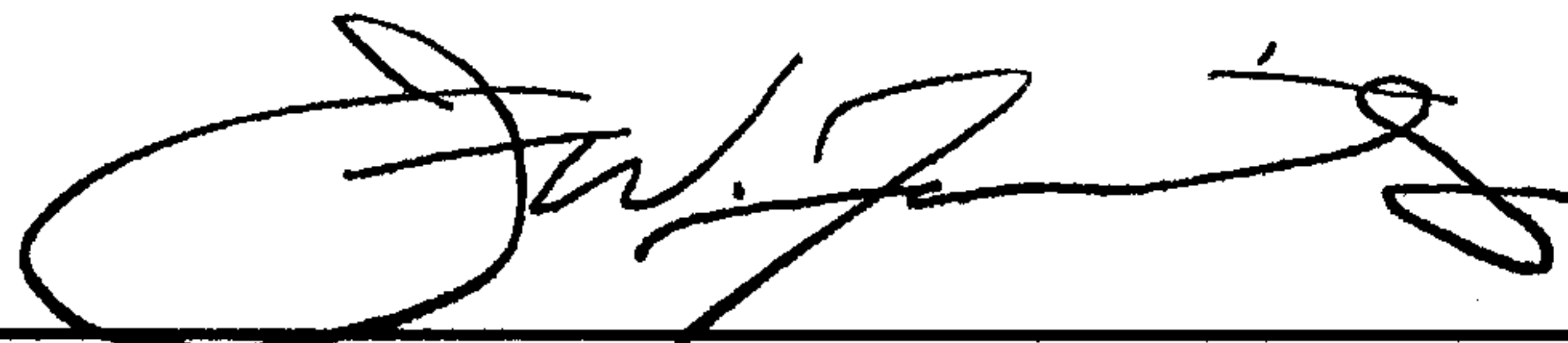
State of Alabama Shelby County

Certificate of Incorporation Amendment Of ALABAMA AUTISM ASSISTANCE PROGRAM

The undersigned, as Judge of Probate of Shelby County, State of Alabama, hereby certifies that duplicate originals of Articles of Incorporation of ALABAMA AUTISM ASSISTANCE PROGRAM, duly signed and verified pursuant to the provisions of Section Non Profit of the Alabama Business Corporation Act, have been received in this office and are found to conform to law.

ACCORDINGLY the undersigned, as such Judge of Probate, and by virtue of the authority vested in him by law, hereby issues this Certificate of Incorporation of ALABAMA AUTISM ASSISTANCE PROGRAM, and attaches hereto a duplicate original of the Articles of Incorporation.

Given under my hand and Official Seal on
this the 25TH day of NOVEMBER, 2008.



CCB

James W. Fuhrmeister
Judge of Probate

