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C.L.  
2-24-15

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: HELPING HANDS FOUNDATION INC.

DOCUMENT NUMBER: NO4000008148

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SMILEY THURSTON

(Name of Contact Person)

HELPING HANDS FOUNDATION INC.

(Firm/ Company)

608 SAXON BLVD

(Address)

DELTONA FL 32725

(City/ State and Zip Code)

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SMILEY THURSTON

(Name of Contact Person)

at ( 386 ) 717-5647

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

HELPING HANDS FOUNDATION INC

(Name of Corporation as currently filed with the Florida Dept. of State)

DOC# N04 00000 8148

(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:

Helping Hands Foundation of America Inc 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)

608 SAXON BLVD  
DELTONA FL  
32725

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

POST OFFICE BOX 4132  
ENTERPRISE FL  
32725

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: SMILEY THURSTON  
608 SAXON BLVD  
(Florida street address)

New Registered Office Address:

DELTONA, Florida 32725  
(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

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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)

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:

Change      PT      John Doe  
 Remove      V      Mike Jones  
 Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>W. GONZALES</u>	<u>1130 W. DONLEGAN AVE</u> <u>KISSIMMEE, FL</u> <u>34746</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>FRANC M. MELENDEZ</u>	<u>P.O. BOX 770-814</u> <u>ORLANDO FL</u> <u>32877</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>JENNIFER VELEZ</u>	<u>P.O. BOX 770-814</u> <u>ORLANDO FL</u> <u>32877</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>LUIS FELICIANO</u>	<u>P.O. BOX 770-814</u> <u>ORLANDO FL</u> <u>32877</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CEO</u>	<u>DALE H THURSTON</u>	<u>608 SAXON BLVD</u> <u>DELTONA FL</u> <u>32725</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>COO</u>	<u>SMILEY THURSTON</u>	<u>608 SAXON BLVD</u> <u>DELTONA FL</u> <u>32725</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CFO</u>	<u>SHIVKUMAR IDANI</u>	<u>P.O. BOX 4132</u> <u>ENTERPRISE FL</u> <u>32725</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>DINO DODANI</u>	<u>333 WENTWORTH AVE</u> <u>DAYTONA BEACH FL</u> <u>32124</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>DEBBIE JIMENEZ</u>	<u>P.O. BOX 4132</u> <u>ENTERPRISE FL</u> <u>32725</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>GILBERT CHICO JIMENEZ</u>	<u>P.O. BOX 4132</u> <u>ENTERPRISE FL</u> <u>32725</u>

E. If amending or adding additional Articles, enter change(s) here: ARTICLE III PURPOSE  
(attach additional sheets, if necessary). (Be specific)  
NEW PARAGRAPH 3: SHALL STATE THAT; THE HELPING HANDS FOUNDATION IS EXPANDING ITS EFFORTS BEYOND HELPING SICK CHILDREN TO INCLUDE; EFFORTS TO FEED THE HUNGRY NO MATTER WHAT AGE, RACE, RELIGION OR CULTURAL STATUS. FURTHER MORE IT IS OUR HOPE THAT THE FOUNDATION CAN HELP PREVENT HOMELESSNESS BY PROVIDING SHELTER FOR THOSE WHO ARE IN NEED, WHETHER IT BE FOR A NIGHT OR AN INDEFINITE STAY.

THE NEW FOCUS IS TO TRANSITION THESE INDIVIDUALS OR FAMILIES BY OFFERING GUIDANCE, HOUSING OR RETRAINING WHERE NECESSARY.

WE FIRMLY BELIEVE THAT THE CONDITIONS THAT CAUSED THESE INDIVIDUALS TO BE IN NEED SHOULD NOT HAPPEN IN THESE UNITED STATES OF AMERICA.

"WE HAVE THE SOLUTION" THAT WILL MOVE THESE INDIVIDUALS FROM DEPENDANCE TO INDEPENDANCE.

IT IS OUR MISSION TO BRING BACK THE AMERICAN DREAM TO THOSE WHO HAVE LOST ALL HOPE.

PROFITS GENERATED FROM THE CULTIVATION AND SALES OF MEDICAL MARIJUANA WILL BE USED TO FUND THE PHILANTHROPIC EFFORTS OF THE FOUNDATION TO PROVIDE SHELTER FOR THE HOMELESS AND FOOD FOR THE HUNGRY.

The date of each amendment(s) adoption: DEC 25 2014, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_"  
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated DEC 25 2014

Signature *Paul N Thurston*  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

*Paul N Thurston Dale H Thurston*  
(Typed or printed name of person signing)

*CEO*  
(Title of person signing)

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