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To:

Division of Corporations

Fax Number

z (850)617-6380

From:

Account Name

1 METRO BUSINESS AGENCY, INC.

Account Number : I20080000101 Phone

: (239)466-8600

Pax Number

: (239)275-0865

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please,

DEN SE ARAUSO (C)

COR AMND/RESTATE/CORRECT OR O/D RESIGN HELP TO OTHER, INC

Certificate of Status	0
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Help

v. 4

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: HELP TO OT	HER IN	С		
DOCUMENT NUM	BER: N09000006645				
The enclosed Articles	of Amendment and fee are su	bmitted for	r filing.		
Please return all corre	spondence concerning this ma	tter to the i	following:		
		NA SRO			
	(Name o	f Contact I	'erson)		
-	METRO BUS	INESS A	GENCY INC		
	(Fіп	n/ Compan	y)	·	
•					
 	4460 CLE		AVE# E		
	((Address)			
	FORT M	YERS, FL	33901		
	(City/ St	te and Zip	Code)		
	ICARDOSO@MET	ROINSU	RANCEFL.CO	М	
	E-mail address: (to be use				
For further information	concerning this matter, pleas	e call:			
HANNA SRODA		at (239 \ 4664	3600	
(Name o	f Contact Person)		(Area Code & D	aytime Telephone Number)	
Enclosed is a check for	the following amount made j	payable to	the Florida Depart	ment of State;	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certif	3.75 Filing Fee & ied Copy tional copy is sed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	E Address		Street Address	•	
	ment Section		Amendment Sect		
Division of Corporations P.O. Box 6327		•	Division of Corporations Clifton Building		
Tallahassec, FL 32314			2661 Executive Center Circle		

Taliahassee, FL 32301

Articles of Amendment Articles of Incorporation of

HELP TO OTHER, INC

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

N09000006645

140500000000	-
(Document Number of Corporation (if known)	
rsuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation following amendment(s) to its Articles of Incorporation:	ado
If amending name, enter the new name of the corporation:	
HELP TO OTHERS, INC	_
e new name must be distinguishable and contain the word "corporation" or "incorporated" or the breviation "Corp." or " Inc." <u>"Company" or "Co." may not be used in the name</u> .	;
Enter new principal office address, if applicable; rincipal office address MUST BE A STREET ADDRESS)	-
Enter new mailing address, if applicable:	•
(Mailing address MAY BE A POST OFFICE BOX)	
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:	<u>ię</u>
Name of New Registered Agent:	
New Registered Office Address: (Florida street address)	
, Florida	_
(City) (Zip Code)	•
w Registered Agent's Signature, if changing Registered Agent: ereby accept the appointment as registered agent. I am familiar with and accept the obligations ition.	of i
Signature of New Registered Agent, if changing	

- 1

		,	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			_
		·	
	-		
		Depth or particular to take the state of the	
			— •
E. <u>If amen</u>	ding or adding additional A	rticles, enter change(s) here:	
(attach d	additional sheets, if necessary,). (Be specific)	
	1. AVII.		
		1 At	
			·

If amending the Officers and/or Directors, enter the title and name of each officer/director being

...

The date of each amendment(s) s	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☑ The amendment(s) was/were ac was/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(s)
There are no members or mem adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was/were
Dated_02/11/20	011
Signature	Deurch Janto
(By the have no	chairman or vice chairman of the board, president or other officer-if directors t been selected, by an incorporator – if in the hands of a receiver, trustee, or our appointed fiduciary by that fiduciary)
	DENISE SANTOS
_	(Typed or printed name of person signing)
_	PRESIDENT
	(Title of person signing)