# N10000005391

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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DIVISION OF CORPORATIONS

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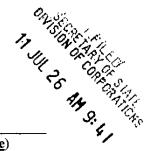
### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Heavenly Hai	nds Foi	Charitie	s, Inc.	
DOCUMENT NUM	BER: N10000005397				
The enclosed Articles	s of Amendment and fee are su	bmitted fo	or filing.		
Please return all corre	espondence concerning this ma	tter to the	following:		
		ry L. Val			
	(Name o	f Contact	Person)		
	Heavenly Har	nds For (	Charities, I	nc.	
	(Firm	n/ Compa	ny)		
	2914.9	Stallion (	Court		
		(Address)			······
		do, FL 3			<del> </del>
	(City/ Sta	ate and Zi	o Code)		
	HeavenlyH	andsFor	@aol.com		
	E-mail address: (to be use	ed for futu	re annual re	port notificat	ion)
For further information	on concerning this matter, pleas	se call:			
Mary L. Valles		at (	407	275-0513	
<del></del>	of Contact Person)	at (_	<u> </u>		e Telephone Number)
Enclosed is a check for	or the following amount made p	payable to	the Florida	Department of	of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certi (Add	3.75 Filing fied Copy itional copy osed)		
	ng Address		Street Ad		
	dment Section on of Corporations		Amendment Section Division of Corporations		
	Box 6327		Clifton Bu	ilding	
Tallah	assee, FL 32314			utive Center (	Sircle

Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation**



# Heavenly Hands For Charities, Inc.

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

#### N1000005397

(Document Number of Corporation (if known)

oplicable: EET ADDRESS )	
le: FICE BOX	
registered office address in Florida, egistered office address:	enter the name of the
<del></del>	
(Florida street address)	<u> </u>
	, Florida (Zip Code)
<u> </u>	ie: FICE BOX)  registered office address in Florida, egistered office address:

# 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) Type of Act

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add☐ Remove
			Add   Remove
	<del></del>		
or more	exempt purposes within to Code, or corresponding	of the organization, assets shall be the meaning of section 501 (c) (3) section of any future federal tax or	of the Internal
purpose.	Any such assets not dis	posed of shall be disposed of by	the Court of Common
exclusive	ely for such purposes or t	orincipal office of the organization or organization	ons, as said Court
shall dete	ermine, which are organiz	zed and operated exclusively for s	such purposes.
		· · · · · · · · · · · · · · · · · · ·	

The date of each amendment	(s) adoption:
Effective date <u>if applicable</u> :	(date of adoption is required)  July, 22, 2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/we was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or radopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.
DatedJuly	y, 22, 2011
Signature	Delli Nongu
have	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Debbie Norman
	(Typed or printed name of person signing)
	President
	(Title of person signing)