N1200006961

(Requestor's Name)				
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Certificates	s of Status			
Special Instructions to Filing Officer:				
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C. LEWIS

SEP 4 2014

EXAMPLES

COVER LETTER

TO: Amendment Section Division of Corporations Hands of Love of Kissimmee Inc NAME OF CORPORATION: N12000006961 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ruth Z. Guadalupe (Name of Contact Person) 1499 N. John Young Pkwy (Address) Kissimmee FI 34741 (City/ State and Zip Code) handsoflovecenter@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ruth Z. Guadalupe (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy

Mailing Address

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

Street Address

(Additional copy is

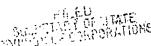
enclosed)

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

Certified Copy

(Additional Copy is Enclosed)

Articles of Amendment to Articles of Incorporation of



Hands of Love of Kissimmee, Inc	2.744. 3. C. 2
(Name of Corporation as currently filed with the Florida Dept. of State)	14 AUG 27 PM 1: 3
N1200000/91	
(Document Number of Corporation (if known)	-
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit</i> mendment(s) to its Articles of Incorporation:	Corporation adopts the following
. 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 'Company" or "Co." may not be used in the name .	e abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office address in Florida, enter t	he name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent:	
(Florida street address)	
New Registered Office Address:	
	Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with and accept the obli	igations of the position.

Page 1 of 4

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)

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: X_Change X_Remove X_Add	PT John Doe V Mike Jones SV Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	VPD	Raul Uribe	1499 N John Young	
Add			Pkwy	
X Remove			Kissimmee Fl 34741	
2) Change	TD	Beatriz Leon	2467 Lunyon Cir	
Add			Kissimmee FI 34741	
X Remove				
3) Change	SD	Jessica Marin	1504 Sunset View Cir	
Add			Apoka Fl 32703	
X Remove				
4) X Change	V	Wanda Rivera	943 Cambridge Ct	
Add			Kissimmee FI 34758	
Remove				
5) Change	<u>s</u>	David Good	1648 Marina Lk Dr.	
X Add			Kissimmee FI 34744	
Remove				
6) Change	T	Norma Ortiz	703 Virginia Wood Ln	
XAdd			Orlando FI 32824	
Remove		Page 2 of 4		

If amending or adding ad attach additional sheets, if	necessary).	(Be specific)				
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	e date of each amendment e this document was signed	• •	
Effective date if applicable:		08-15-2014	WAR TO THE STATE
		(no more than 90 days	after amendment file date)
			14 AUG 27 PM 1:33
Ad	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/w was/were sufficient for ap		e number of votes cast for the amendment(s)
	There are no members or adopted by the board of c		nendment(s). The amendment(s) was/were
	Dated 08-	15-2014	
	Signature	Luca 3 Gual.	
	have n		poard, president or other officer-if directors or — if in the hands of a receiver, trustee, or duciary)
	Ruth Z	Guadalupe	
		(Typed or printed name of pe	erson signing)
	Preside	ent, CEO	
		(Title of person si	gning)

if other than the