Na1000012152

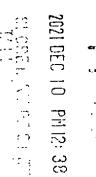
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: VOLUNTEER HUMANITY INC.	
DOCUMENT NUMBER: Na1000012152	
The enclosed Articles of Amendment and fee are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Charity M. Wright (Name of Contact Person)	
Volunteer Humanity INC. (Firm/Company)	
7827 outerbridge ST. (Address)	
Wesley Chaper FL 335H5 (City/ State and Zip Code)	
(City/ State and Zip Code)	
Voluntee Chumanity of Ficial Adamail. Coll E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Charity M. Wright at 813-312-4007 (Name of Contact Person) (Area Code) (Daytime Telephone Number)	_
Enclosed is a check for the following amount made payable to the Florida Department of State:	
·	
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee \& \Bigcup \\$43.75 Filing Fee \& \Bigcup \\$52.50 Filing Fee \\ \Bigcup \\$64 Certificate of Status \\ \Bigcup \\$64 Certificate of Status \\ \Bigcup \\$64 Certified Copy \\ \Bigcup \\$65 Certified Copy \\ \Bigcup \	
Mailing Address Amendment Section Street Address Amendment Section	

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

Volunteer Hi	umanity	INC.	2021 DEC 10	PH 12: 38
(Name of Corporation as currently filed with the Flor	ida Dept. of State)		CEODETA	
N21000	012152		SEURE LIRY	(
(Document N	lumber of Corporation	(if known)		
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corp		ot For Profit Co	rporation adopts	the following
A. If amending hame, effect the new hame of the corp	λλι <u>αξίθης.</u>			
name must be distinguishable and contain the word "cor	poration" or "incorpe	orated" or the ab	breviation "Corp	The new
"Company" or "Co." may not be used in the name.			F	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	ESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		rida, enter the n	name of the	
Name of New Registered Agent:				
New Registered Office Address:		(Florida street ad	(dress)	
			, Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	ered Agent: m familiar with and ac	scept the obligati	ons of the position	7.
	Signature of New R	egistered 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 E Y Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u> </u>	Kristine M. Mullins	22840 COllidge Drive
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
,		I(3)° This corpora	• • • • • • • • • • • • • • • • • • • •
•		it to advance eau	· ·
limited to	purpose	S Stated in Section	n 501(c)(3) of
the Intern	ial Bev	enue code. Upon a	tissolution (all
assets si	acill on	y be distributed to	o charitable

organization	ns.				
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The date of each amendment(s) adoption date this document was signed.	ption:			<u> </u>	, if other than the
Effective date if applicable:		00.1			· · · · · · · · · · · · · · · · · · ·
Note: If the date inserted in this block document's effective date on the Depa	does not meet the does not mee	e applicable stat records.	utory filing requ	irements, this date wi	ll not be listed as the
Adoption of Amendment(s)	(CHECK C	<u>ONE</u>)			

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

]	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated 11-29-2021
	Signature Chy Min A
	(By the chairman of vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Charity www.ght (Typed or printed name of person signing)
	President
	(Title of person signing)