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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORP USA

Account Number : 072450003255 Phone : (305)634-3694

Fax Number : (305) 633-9696

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COVER LETTER

TO: Amendment Section Division of Corporations	
HENERGY FO	OR DISABILITIES, INC.
DOCUMENT NUMBER: N16000000481	
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
Michael Sherman	
	(Name of Contact Person)
Thomas G. Sherman, P.A.	
	(Firm/ Company)
90 Almeria Avenue	
	(Address)
Coral Gables, Florida 33134	
	(City/ State and Zip Code)
mike@uniontitleservices.com	
E-mul address: (to be	used for future annual report notification)
For further information concerning this matter, pla	ease call:
Michael Sherman	305-448-5898 es
(Name of Contact Pe	-,,,,,,, <u>-</u> ,,,,,,,-
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
S35 Filing Fee	Certified Copy (Additional copy is enclosed) Cast
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, Pl. 32301

Articles of Amendment to Articles of Incorporation of

HENERGY FOR DISABILITIES, INC.			
(Name of Corporation as	currently filed with the	Florida Dept. of State)	
116000000481			
(Document	t Number of Corporation	(if known)	
ursuant to the provisions of section 617.1006, Florida mendment(s) to its Articles of Incorporation:	Statutes, this Florida No	d For Profit Corporation adopts the following	owing
. If amending name, enter the new name of the co	rporations		
ame must be distinguishable and contain the word "c Company" or "Co." may not be used in the name.	orporation" or "incorpor		e new Inc."
Enter new principal office address, if applicable rincipal office address MUST BE A STREET ADD			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	K)		
		<u>, , , , , , , , , , , , , , , , , , , </u>	
If amending the registered agent and/or registered new registered agent and/or the new registered of New Registered Agent:	iffice address:	un, enter the name of the	
Nov. Postero d Office 4 March		(Florida streu address)	
New Registered Office Address:			
	Min.l	, Florida	
w Registered Agent's Sjenature, if changing Regis	(City)	(ZIp Code)	
reby accept the appointment as registered agent. I	am familiar with and acc	spt the obligations of the position.	
		·	
	Signature of New Re	sistered Agent, if changing	
	Page 1 of 4	-	
·	1-age 1 01 4	2016 FÜB 26 SECRETARY TALLAHASSEI	-N
		FÜB 26 RETARY O AHASSEE	
·		OF STATE	Ö

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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 officeheld. 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	V M	hn Doe ke Jones Ily Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	D/VP	Kristina Berezina	690 S.W. 1st Ct, # 307
Add			Miami, FL 33130
Remove			
2) X Change	<u>D</u>	Evelync Giorgetti	690 S.W. 1st Ct, # 307
Add			Miami, FL 33130
Remove			
3) X Change	T/S	Evelyne Giorgetti	690 S.W. 1st Ct, # 307
Add			Miami, FL 33130
Remove		•	Part and Additional Conference of the Conference
4) Change	AS	Jose Emesto Martinez	9511 Fountainbleau Blvd, #616
X Add			Miami, FL 33172
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		Puge 2 of 4	

If amending or adding additional Art (attack additional sheets, if necessary).	(Be specific)
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<u></u>	

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February 24, 2016	
The date of each amendment(s) adoption:	if other than the
date this document was signed.	
February 36,2016	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
$\underline{\underline{Note:}}$ If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CRECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the an was/were sufficient for approval.	nendment(S)
There are no members or members entitled to vote on the amendment(s). The amendment(s) adopted by the board of directors.	was/were
Dated February 23, 2016	
Signature	
(By the chairman or vice chairman of the bland, president or other officer- have not been selected, by an incorporated—if in the hands of a receiver, to other court appointed fiduciary by that fiduciary)	f directors rustee, or
Thomas G. Sherman, Esq.	•
(Typed or printed name of person signing)	
incorporator	•
(Title of person signing)	

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