## 766698

(Red	questor's Name)	
(Add	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	<i>⊋ #</i> )
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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TO SECULATION OF STATE

MAR 3 0 2023 D CUSHING

## **COVER LETTER**

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

SUBJECT: Englewood Helping	Hand, Inc	
Enclosed are an original and one (1) copy of the r	restated articles of incorpora	ation and a check for:
☐ \$35.00 ☐ \$43.75  Filing Fee Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy  ADDITIONAL CO	■ \$52.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
<sub>FROM:</sub> Sean M. Cafferty		2023 HAR SEGRETA
10013 Coral Sho	re Dr  Address	MAR 13

Englewood, FI 34223

(603) 689 - 4838

caffsc@gmail.com

E-mail address: (to be used for future annual report notification)

City, State & Zip

Daytime Telephone number

NOTE: Please provide the original and one copy of the document.

Ref Number: 766698 3/8/23

Please Find our re-submission of our Articles of Amendment per the request stated in the letter dated 3/1/23 from the Division of Corporations. Let me know if there are any further questions or issues.

Sincerely,

Sean M. Lafferty
Treasurer
Englewood Helping Hand, Inc.
(603) 689-4838

Mailing Address

10013 Coral Shore Dr

Englewood, Fl

34223



March 1, 2023

SEAN M CAFFERTY 10013 CORAL SHORE DR ENGLEWOOD, FL 34223

SUBJECT: ENGLEWOOD HELPING HAND, INC.

Ref. Number: 766698

We have received your document for ENGLEWOOD HELPING HAND, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

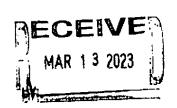
You need to complete the attached articles of amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 523A00004845

Diane Cushing Senior Section Administrator



## Articles of Amendment to

Articles of Incorporation of

Foolewood Helping Hand For	三
(Name of Corporation as currently filed with the Florida Dept. of State)	
	17. 2 <u>20</u>
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopted amendment(s) to its Articles of Incorporation:	ts the following
A. 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 abbreviation "Company" or "Co." may not be used in the name.	orp." or "Inc."
B. Enter new principal office address, if applicable: 700 E. Dearborn S	treet
B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Englewood, F1 3422:	3
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. 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:	
Name of New Registered Agent: Lori Wellbaum, Esq	
686 N. Indiana Ave	
(Florida street address) New Registered Office Address:	
	2,1227
Englewood Florida, Florida, Cip Cod	<u>34223</u> de)
	•
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the pos	ition.
Signature of New Registered Agent, if changing	

If amending the Officer and address of each Officer (Attach additional sheets, Please note the officer/dir P = President; V= Vice P Executive Officer; CFO = held. President, Treasure.	cer and/ if necess rector titl resident; Chief F	or Director ary) e by the first T= Treasur inancial Offi	being added:  letter of the off er; S= Secretar cer. If an office	ice`title: v: D= Director; 1	rR= Truste	re; C = Chairman or	Clerk; CEO = Chie	ef :
Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	ves the co	orporation, S	Sally Smith is no	John Doe is listed amed the V and S.	as the PSI These show	T and Mike Jones is l uld be noted as John	isted as the V. Ther Doe, PT as a Chan	e is ge,
Example:  X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doc Mike Jones Sally Smith				N/A		
Type of Action (Check One)	<u>Title</u>	<u>N</u>	<u>ame</u>			<u>Addres</u> s		
1) Change Add					- <del></del> -			
Remove 2) Change Add					<del></del> -			
Remove 3) Change Add Remove					 			
4) Change Add								
Remove								
5) Change Add								
Remove						<u></u>		
6) Change Add		<del></del> –						
Remove								
E. If amending or additional she General - Capitale I - A	talred	cessary). ( Hic wo	Be specific) rd "Lurpo	ration" Whe	re reg	uired		
Article II - Dele					ا کم س	Directors and	I change to	,
"The number of	Direc	tors s	hall be s	peofied in	the Co	rporations.	Bylaws."	

Article I - Changed From! "Such Offices will be elected by a 2/3 najerity of the Board of Directors annually on or deat the date of fiscal yearend" Fo: "Such officers will be elected in the number specified in the Bylans of the Corporation."

Change From Harie Change to Luri					
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The date of each amendment(s) ado date this document was signed.					, n oner man m
Effective date <u>if applicable</u> :		00.1.6	d Glo de		
Note: If the date inserted in this block document's effective date on the Department.	k does not meet the artment of State's re	applicable statt ecords.	itory filing requi	rements, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK O	NE)			

<b>'</b>	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated3/8/23
	Signature Signature Tycaswer  (By the chairman or 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)
	(Typed or printed name of person signing)
	Treaswer
	(Title of person signing)