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COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

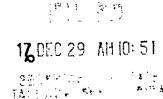
NAME OF CORPORATION:	s Clinic, Inc.		
N00000006549			
The enclosed Articles of Amendment and fee a	re submitted for filin	g.	
Please return all correspondence concerning thi	s matter to the follow	ving:	
Brendan Shortley			
	(Name of Co	ntact Person)	
Helping Hands Clinic, Inc.			
· · · · · · · · · · · · · · · · · · ·	(Firm/ Co	ompany)	
2603 NW 13th St., #306			
	(Add	ress)	
Gainesville, FL 32609			
	(City/ State a	nd Zip Code)	
brendan.shortley.hhc@gmail.com			
E-mail address: (to b	e used for future and	nual report notificati	on)
For further information concerning this matter,	please call:		
Brendan Shortley		352 at	2226222
(Name of Contact	Person)	(Area Code	(Daytime Telephone Number)
Enclosed is a check for the following amount m	nade payable to the F	lorida Department o	of State:
\$35 Filing Fee \$43.75 Filing Certificate of \$	Fee & \$\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{	opy Cert copy is Cert (Ad	.50 Filing Fee iificate of Status iified Copy ditional Copy is closed)
Mailing Address		Street Address	='
Amendment Section		Amendment Se	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment ťΩ Articles of Incorporation of



Helping Hands Clinic, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N00000006549 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: N/A Name of New Registered Agent: (Florida street address) New Registered Office Address: N/A , Florida _ (City) (Zip Code) 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 position.

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	<u>V</u> <u>M</u>	ohn Doe like Jones ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	Randal Stacey	509 NE 1ST ST
Add			Gainesville, FL 32601
X Remove			
2) Change	<u>s</u>	Colin Hines	509 NE 1ST ST
X Add			Gainesville, FL 32601
Remove	GE O	D 1 01 1	
3) Change	CEO	Brendan Shortley	509 NE 1ST ST
X Add			Gainesville, FL 32601
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti	icles, enter change(s) here:				
E. If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)					
N/A						
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1	12/27/2016	
The date of each amendment late this document was signed		_, if other than the
Effective date <u>if applicable</u> :	N/A	
	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) oproval.	
There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
12/27 Dated	7/2016	
Signature E	Dn.	<u>-</u>
have r	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
Dia	ane Dimperio	
	(Typed or printed name of person signing)	
Pre	esident	
	(Title of person signing)	