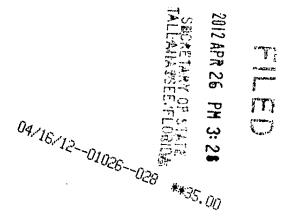
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/ Company For further information concerning this matter, please call: at (305) 308-8/04
Area Code & Daytime Telephone Number 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

Certified Copy

enclosed)

(Additional copy is

Mailing Address

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

Certificate of Status

Street Address

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

Certificate of Status

Certified Copy

(Additional Copy is enclosed)



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 17, 2012

BETSY HALL 2247 NW 77TH TERRACE PEMBROKE PINES, FL 33024

SUBJECT: HELPING SISTERS ARISE, INC.

Ref. Number: N04000004310

We have received your document for HELPING SISTERS ARISE, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 412A00011961

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations Helping Sisters Arise, Inc. NAME OF CORPORATION: DOCUMENT NUMBER: NO400004310 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: FL 33024 (City/ State and Zip Code) For further information concerning this matter, please call: at (305) 308-8104 (Area Code & Daytime Telephone Number) 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 Certified Copy Certificate of Status

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)

Helping Sisters	Articles of Amendo fo Articles of Incorporate of Articles Tine		2012 APR 26 PM SECRETARY OF TALLANA #SEE.FI
(Name of Corporation as currently	filed with the Florida Dept.	of State)	္ကို မှ
No400000431	Number of Corporation (if kno		2
Pursuant to the provisions of section 617.10 amendment(s) to its Articles of Incorporation A. If amending name, enter the new name has been been been been been been been bee	on: Arise Minis the word "corporation" or "in	tries Inc.	The new
B. Enter new principal office address, if (Principal office address MUST BE A ST)			
C. Enter new mailing address, if application (Mailing address MAY BE A POST Of			
D. If amending the registered agent and new registered agent and/or the new		in Florida, enter the name of the	
Name of New Registered Agent:			
. <u>New Registered Office Address</u> :	(Florida stree	it address)	
	(City)	, Florida (Zip Code)	
Novy Degistered Agentic Signature if the		(Dip Cont)	
New Registered Agent's Signature, if cha	mgmg Kegisteren 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove			
2) Change Add Remove	at de-second best of		
3) Change Add Remove			
4) Change Add Remove		N/A	
5) Change Add Remove	<u></u>		
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here:			
(allach additional sheets, if necessary). (Be specific) Additional Articles)	are attacked		
- Manusinae America	are meaning.		
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HELPING SISTERS ARISE MINISTRIES, INC. A Faith-Based Counseling & Educational Program

~~~~ Called! Chosen! Equipped! ~~~~

"You are my witnesses... And my servants whom I have chosen..." Isaiah 43:10

Helping Sisters Arise Ministries, Inc. is a faith-based counseling & educational program. I believe the voice of mission is the voice of God. It is an inherent, heaven-mandated guide whether or not it is challenging. Thus, I have no doubt that I have been called and chosen by God into the ministry of encouragement. Consequently, I must seek to fulfill my purpose and not bury my talent for I am saved to serve and blessed to bless others.

#### Dr. Betsy M. Hall, PCEO

N.C.C.A. Licensed Clinical Pastoral Counselor Commissioned Minister/Author/Mentor

I received the Ph.D. in Clinical Christian Psychology from Jacksonville Theological Seminary, Jacksonville, Florida in conjunction with The National Christian Counselors Association and the National Conservative Christian Church, Sarasota, Florida. I am committed and dedicated to use my giftedness – the gift of encouragement to demonstrate the unconditional love of God to hurting people pointing them to the Cross so they can find His salvation.

#### Vision:

Helping individuals rise above emotional bondage and spiritual darkness - the effects of domestic violence/abuse and poor choices. Bridging the gap where individuals are and where they want to be.

#### Mission:

- To teach, instruct, encourage, listen, love, empower, and inspire individuals to reach their God-given potential.
- To provide tools that will enhance wholeness; individuals can learn how to replace discouragement with hope, failure with success, fear with confidence, disagreement with harmony, and incompetence with effective parenting and problem-solving skills.

#### Purpose:

The ministry provides hope, spiritual, and emotional healing by putting the hand of the hurting into the Hand of the Healer. It is our desire to also demonstrate a positive view of God by reflecting His unconditional love for all people.

#### Goal:

Individuals learn about their unique temperament needs and how to meet them in healthy ways. They will believe in their inherent capability, and activate their dormant potential so they can become who God created to be.

**Curriculum: The Word of God and Biblical Principles** 

"For the word of God is living and active. Sharper than any double-edged sword, it penetrates even to dividing soul and spirit, joints and marrow; it judges the thoughts and attitudes of the heart" (Hebrews 4:12).

## <u>Methodology/Model:</u> Creation Therapy/Cognitive Therapy/Arno Profile System

Belief/Concept: People are fearfully and wonderfully made. We are unique, worthwhile, and capable and must be treated with dignity and respect. Based upon the principle that each individual is unique, and will respond to his or her particular circumstances in a different way, temperament identification helps individuals understand why people do the things they do and act the way they act.

Through life-changing family life and women's issues workshops/forums, Bible studies, support groups, individual and group counseling and personal development resources individuals will learn how to effectively work through and overcome difficult issues and challenges. The ministry is designed to implement strategies to achieve improvement in each individual's short and long-term goals, achieve emotional stability, increase child-like faith, renew minds, and reach full potential. The skills will promote character development, inter and intra-personal skills, enhance self-esteem and provide awareness into community resources.

#### **Objectives:**

#### Program Participants Will:

- Know and understand themselves
- · Understand why they do what they do
- Become aware of their responsibility for their negative reaction and sinful behavior
- Know why they repeat bad behavior and learn how to overcome them
- Become aware of community resources so they can reach their full potential

| The date of each amendment(s) adoption: $04/21/9$ |                                                                                                                                                                                                                                    |  |  |  |  |  |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| EM                                                | ffective date if applicable:                                                                                                                                                                                                       |  |  |  |  |  |
|                                                   | (no more than 90 days after amendment file date)                                                                                                                                                                                   |  |  |  |  |  |
| <b>A</b> do                                       | option of Amendment(s) (CHECK ONE)                                                                                                                                                                                                 |  |  |  |  |  |
|                                                   | The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.                                                                                               |  |  |  |  |  |
| 対                                                 | 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 04/2//2                                                                                                                                                                                                                      |  |  |  |  |  |
|                                                   | Signature Shaff Self                                                                                                                                                                                                               |  |  |  |  |  |
|                                                   | (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) |  |  |  |  |  |
|                                                   | Betsy Hall                                                                                                                                                                                                                         |  |  |  |  |  |
|                                                   | (Typed or printed name of person signing)                                                                                                                                                                                          |  |  |  |  |  |
|                                                   | HCEO                                                                                                                                                                                                                               |  |  |  |  |  |
|                                                   | (Title of person signing)                                                                                                                                                                                                          |  |  |  |  |  |