

N05000012372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

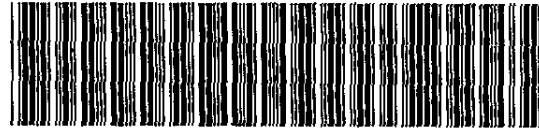
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100070652111

04/21/06 -01020- -019 \*\*35.00

FILED  
06 APR 21 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Amen

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Hand-n-Hand Promotions, Inc.

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susanna Moses, CEO/President

(Name of Contact Person)

Hand in Hand Autism Resources Incorporated

(Firm/ Company)

PO Box 682397

(Address)

Orlando, FL 32868

(City/ State and Zip Code)

For further information concerning this matter, please call:

Susanna Moses

(Name of Contact Person)

at ( 407 ) 313-9941

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**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, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

Hand-n-Hand Promotions, Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

FILED  
06 APR 21 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(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:

**NEW CORPORATE NAME (if changing):**

Hand in Hand Autism Resources Incorporated

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

address of: Carmen Godsey, VC/T  
should be - 7304 Penfield Ct.  
Orlando, FL 32818

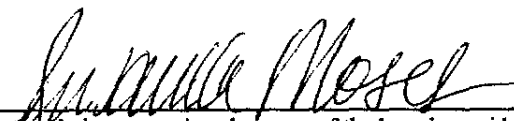
(Attach additional pages if necessary)  
(continued)

The date of adoption of the amendment(s) was: March 27, 2006

Effective date if applicable: Upon adoption date  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature   
(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.)

Susanna Moses  
(Typed or printed name of person signing)

Chairman of the Board  
(Title of person signing)

**FILING FEE: \$35**