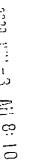
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Heroes, Inc.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee ar	
Please return all correspondence concerning this	s matter to the following:
Lisa A. Fendrich, Executive Director	
	(Name of Contact Person)
Vets Helping Heroes, Inc.	
	(Firm/ Company)
980 North Federal Highway, Suite #110	
	(Address)
Boca Raton, FL 33432	
	(City/ State and Zip Code)
Lisa@vetshelpingheroes.org	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, j	please call:
Lisa A. Fendrich, Executive Director	561-927-8387 at
(Name of Contact F	Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of \$t	ee & □\$43.75 Filing Fee & □\$52.50 Filing Fee atus Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



7727 "" -3 AH 8: 10

(Name of Corporation as currently filed with the Flo	orida Dept. of State)
N07000010428	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	rporation:
	The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADD)</u>	<u>RESS</u>)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>
N. If amounting the registered agent and (an assistance	ad office address in Claside, enter the name of the
 If amending the registered agent and/or registered new registered agent and/or the new registered o 	
Name of New Registered Agent:	
india of the programme of the control of the contro	
	(Florida street address)
New Registered Office Address:	
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: 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	PT John De V Mike Jo SV Sally St	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	Director	Michelle Grau	4550 N.W. 23rd Terrace Boca Raton, FL 33431
× Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
-			

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The date of each amendment(s) adoption: April 9, 2020	50 .1 .1 .1
The date of each amendment(s) adoption:	if other than the
date this document was signed.	
April 9, 2020	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	ot be listed as the
Adoption 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.	

Dated May 28, 2020
M. O. Selh
Signature / / W
(By the chairman or vice chairman of the board, president or other officer-if directo have not been selected, by an incorporator – if in the hands of a receiver, trustee, o other court appointed fiduciary by that fiduciary)
Melvin Pollack
(Typed or printed name of person signing)