## N070000 10428

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

VETS HELPING HERO	DES, INC.
N0700010428	
DOCUMENT NUMBER:	<del></del>
The enclosed Articles of Amendment and fee are submitt	ted for filing.
Please return all correspondence concerning this matter to	o the following:
Lisa A. Fendrich, Executive Director	
(N	ame of Contact Person)
Vets Helping Heroes, Inc.	
	(Firm/ Company)
980 North Federal Highway	
	(Address)
Boca Raton, FL 33432	
(C	ity/ State and Zip Code)
Lisa@vetshelpingheroes.org	
E-mail address: (to be used fo	r future annual report notification)
For further information concerning this matter, please cal	N:
Lisa A. Fendrich, Executive Director	561-927-8387 at
(Name of Contact Person)	at (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made paya	ble to the Florida Department of State:
(	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address 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

Art	of	)[[		
Vets Helping 1-bo	res In	\C .	22.30, 31, 77,	':: <u></u>
Name of Corporation as currently filed with the Flori	da Dept. of State)			
(Document N	umber of Corporation	ı (if known)		
Pursuant to the provisions of section 617.1006, Florida St amendment(s) to its Articles of Incorporation:	atutes, this <i>Florida N</i>	ot For Profit C	orporation adopts the follo	wing
A. If amending name, enter the new name of the corp	oration:			
	_			new
name must be distinguishable and contain the word "cor <mark>t". "Company" or "Co." may not be used in the</mark> name.	poration" or "incorpe	orated" or the a	bbreviation "Corp." or "I	1C. ''
<del>.</del>				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRI	ESS)			
	·			<del></del>
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		orida, enter the	name of the	
Name of New Registered Agent:	<u> </u>			
Name of New Registered Agent.				
		(Florida street e	address)	
New Registered Office Address:				
			Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registe				
I hereby accept the appointment as registered agent. I ai	m familiar with and a	ccept the oblige	itions 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 Do           Y         Mike Jo           SV         Sally Sr	ones .	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	Director	Alan L. Feinberg	2624 N.W. 63rd Street Boca Raton, FL 33496
Remove			
2) Change Add			
Remove 3 )			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	

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The date of each amendment(s	) adoption: July 10, 2020			_, if other than the
date this document was signed.				
Effective date if applicable:	uly 10, 2020			
	(no more than 90	days after amendment file da	ite)	
Note: If the date inserted in this document's effective date on the	block does not meet the ap Department of State's reco	plicable statutory filing requireds.	rements, this date will not	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	)		
The amendment(s) was/we was/were sufficient for app	re adopted by the members a roval.	and the number of votes cast (	for the amendment(s)	

July 18, 2020 Dated \_\_\_\_\_

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)

Melvin Pollack			
	(Typed or printed name of person signing)		
President			
	(Title of person signing)		