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(Re	questor's Name)	
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Certified Copies	_ Certificate:	s of Status
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Amend + M/c

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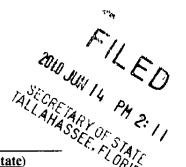
JUN 17 2010

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PALM TREE	CHARITY, INC	
DOCUMENT NUMBER:	· :	
The enclosed Articles of Amendment and fee are su	ibmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
ULRI	CK GERMAIN	
(Name o	of Contact Person)	
PALM TR	EE CHARITY, INC	
(Fir	m/ Company)	
. 5035 E. BU	JSCH BLVD STE 8	
	(Address)	
TAM	PA FL 33617	· .
(City/ St	tate and Zip Code)	
	a@yahoo.com sed for future annual report notification	
For further information concerning this matter, plea	ise call:	
Ulrick Germain	at (813) 270-6371	
(Name of Contact Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the following amount made	payable to the Florida Department of	State:
✓ \$35 Filing Fee	Certified Copy (Additional copy is	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy
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 Cir Tallahassee, FL 32301	is enclosed)

Articles of Amendment to Articles of Incorporation of



PALM TREE CHARITY, INC

* / (m)(*) 1 (m)	-L CHAINI	<u>, </u>		
(Name of Corporation as curre	ently filed with t	he Florida Dej	ot, of State	3
			ŧ	
(Document Nun	nber of Corporati	on (if known)		
ursuant to the provisions of section 617.1006, e following amendment(s) to its Articles of Ir		this Florida N	ot For Pro	fit Corporation add
If amending name, enter the new name o	f the corporation	<u>1:</u>		
HELPING HA	ND WORLDV	VIDE, INC		-
he new name must be distinguishable and c bbreviation "Corp." or "Inc." <u>"Company" o</u>	ontain the word or "Co." may not	"corporation" be used in the	or "incor name	porated" or the
. Enter new principal office address, if app		5035 E BUSCH BLVD STE 8		
Principal office address <u>MUST BE A STREE</u>		TAMPA FL 33617		
. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI			l	
(Matting address MAI DE A POST OFFI	CE BUX)			
				
			· 	
If amending the registered agent and/or new registered agent and/or the new registered.			rida, ente	r the name of the
	steren bilice ant	iress:		
new registered agent and/or the new regi				
Name of New Registered Agent:	_,		. !	
	- 3 - 2 -	. ;		·
	(Flori	: da street addre	ss)	·
Name of New Registered Agent:	(Flori	: da street addre	ss)	, Florida

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)

<u>Title</u>	<u>Name</u>		<u>Address</u>			Type of Action
<u>Dir</u>	Isaac Attilus		<u> </u>			☑ Add □ Remove
د	Hojino Gay			:		
<u>. 5</u>	nojino Gay	_				☐ Add ☑ Remove
		········	<u>.</u>			☐ Add
***						☐ Remove
E. If amendi	ng or adding additional Article	s, enter ch	ange(s) here	er Er	•	
(attach add	itional sheets, if necessary). (L	Be specific)			: :	
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•			·		
	The date of each amendment(s) adoption: <u>06/05/2010</u>		·	
		06/10/2010 (date of ad	option is required)		
		(no more than 90 day.	s after amendment file	date)	
	Adoption of Amendment(s)	(CHECK ONE)	•		
	The amendment(s) was/were was/were sufficient for appro		the number of votes of	ast for the amendment(s)	•
	There are no members or me adopted by the board of directions.	embers entitled to vote on the ctors.	amendment(s). The a	mendment(s) was/were	
	Dated_06/05/	/2010			_
		he chairman or vice chairman			
.*		not been selected, by an inco court appointed fiduciary by		nds of a receiver, trustee, o	or
		Ulric	k Germain	* * * * * * * * * * * * * * * * * * *	
		(Typed or printed	name of person signin	g)	
,		Pr	esident	:	
		(Title of pe	rson signing)		

Page 3 of 3