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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Hands Of Healing, Inc.
DOCUMENT NUMBER: NO90000 2651
DOCUMENT NUMBER: 100-100000 70001
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cindi Tromas (Name of Contact Person)
(Name of Contact Person)
Hands of Healing, Inc. (Firm/Company)
(Find Company)
13233 Indian Rocks Rd
(Address)
Largo, FL 33774 (City/ State and Zip Code)
(City/ State and Zip Code)
thomas jtc+ e hotmail. Lom E-mail address: (to be used for future annual report notification)
2 Hair address. (to se disea to retain a single report normalism)
For further information concerning this matter, please call:
Cindi Tromas at 1727) 480.3627 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
Sast Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee & □\$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status (Additional copy is Enclosed)
Mailing Address Street Address

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

(Name of Corporation as currently filed with the FI	lorida Dept. of State)	 •	
N 0900000 2109	51		
(Document	t Number of Corporation (f known)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not</i>	For Profit Corporation adopts the	following
A. If amending name, enter the new name of the co	orporation:		
			_The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorpore	ited" or the abbreviation "Corp." (or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			
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			20
C. Enter new mailing address, if applicable:			- ·,
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		<u> </u>
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D. If amending the registered agent and/or register new registered agent and/or the new registered agent.		da, enter the name of the	ري
Name of New Registered Agent:			
_		(Florida street address)	
New Registered Office Address:			
		, Florida (Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		ept the obligations of the position.	
	Signature of New Res	sistered 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 V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	Carolyn Fishbach	218 Harborviewur Largo, FC 33770
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 addi (attach additional she	ng additional Ai ets, if necessary).	rticles, enter change(s) here: (Be specific)	

The date of each amendment(s) adoption: $9/2+/2023$. if other than the date this document was signed.
Effective date if applicable: U27/2023 (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 not be listed as the document's effective date on the Department of State's records.
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.

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 10/27/2023 Signature Civil Homas		
(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)		
Cindi Thomas (Typed or printed name of person signing)		
President:		

(Title of person signing)