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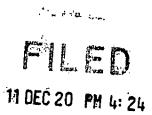
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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HANDS OF GOLD OUTREACH INC
DOCUMENT NUMBER, NO900004385
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ELAINE PATTERSON
(Name of Contact Person)
HANDS OF GOLD OUTREACH, INC.
(Firm/ Company)
701 PROMENADE DRIVE SUITE 204
(Address)
PEMBROKE PINES FL 33026
(City/ State and Zip Code)
PATTERS456@AOL.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ELAINE PATTERSON (Name of Contact Person) at (954) (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:
■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is
enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



HANDS OF GOLD OUTREACH, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) N0900004385

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:

N/A	•	The n
name must be distinguishable and contain the wo "Company" or "Co." may not be used in the na		d" or the abbreviation "Corp." or " Inc
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET)	nable: N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	N/A	
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered agent agen	ered office address:	, enter the name of the
KH A		
Name of New Registered Agent: N/A		
Name of New Registered Agent: N/A		
Name of New Registerea Agent.	(Florida street address)	
N/A	(Florida street address)	, Florida
N/A		, Florida (Zip Code)

Page 1 of 4

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change X Add Remove	T	PETER BERNARD	701 PROMENADE DRIVE SUITE 204 PEMBROKE PINES FL 33026
2) Change Add Remove			
3) Change Add Remove		_	
4) Change Add Remove			
5) Change Add Remove	<u> </u>		
6) Change Add Remove			

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	j			
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The date of each amendment(s) adoption: 12-19-11
Effective date if applicable: N/A
(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(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 12/19/2011
Signature at un
(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)
ELAINE PATTERSON
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)