

**N090000010053**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**300178280513**

*Amend*

04/29/10--01025--008 \*\*43.75

**FILED**  
**2010 APR 29 PM 4:39**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

*5/3/10*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Meds 2 Hands<sup>Corp</sup> dba Benevolent Hands Inc

**DOCUMENT NUMBER:** N09000010053

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Vega

(Name of Contact Person)

Meds 2 Hands dba Benevolent Hands Inc

(Firm/ Company)

2055 NE 179<sup>th</sup> St.

(Address)

N. Miami Beach, FL 33162

(City/ State and Zip Code)

benevolenthands@live.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Vega

(Name of Contact Person)

at (954) 670 6199

(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 &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**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 Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

Meds 2 Hands Corp.

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

N09000610053

(Document Number of Corporation (if known))

FILED

2010 APR 29 PM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or " Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

2055 NE 179<sup>th</sup> St  
North Miami Beach, FL  
33162

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

Same N/A

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

Same N/A

New Registered Office Address:

2055 NE 179<sup>th</sup> St

(Florida street address)

North Miami Beach

(City)

Florida 33162

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

N/A

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
	Final two names		
	Debbie Angeloff and		<input checked="" type="checkbox"/> Add
	Yovanis Vega - Director		<input type="checkbox"/> Remove
		2055 NE 179th St	<input checked="" type="checkbox"/> Add
		North Miami Beach, FL	<input type="checkbox"/> Remove
		33162	

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

See attached

## ARTICLE V – DISSOLUTION

**Section One – Dissolution.** No part of the earnings of the MEDS2HANDS/Benevolent Hands, hereafter called “the Corporation,” shall inure to the benefit of any member, director or officer of the Corporation, or any other person (except that the Corporation may pay reasonable compensation for services rendered to or on behalf of the Corporation and may make other payments and distributions in furtherance of one or more of its purposes), and no member, director or officer of the Corporation, or any other person shall be entitled to share in the distribution of any of the corporate assets on dissolution of the Corporation.

All members of the Corporation shall be deemed to have expressly consented and agreed that upon such dissolution or winding up of the affairs of the Corporation, whether voluntary or involuntary, the assets of the Corporation then remaining in the hands of the Board of Directors shall be distributed, transferred, conveyed, delivered and paid over to such organizations described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, upon such terms and conditions and in such amounts and proportions as the Board of Directors may impose and determine.

*Barbara Vega*  
4/23/2018

The date of each amendment(s) adoption: \_\_\_\_\_

04/25/2010

(date of adoption is required)

Effective date if applicable: \_\_\_\_\_

04/25/2010

(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 \_\_\_\_\_

4/25/2010

Signature \_\_\_\_\_

Barbara Vega

(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)

Barbara Vega

(Typed or printed name of person signing)

President

(Title of person signing)