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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** H3: Health. Hope. Healing. Inc

**DOCUMENT NUMBER:** N09000011482

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

Please return all correspondence concerning this matter to the following:

Jane Maria Piazzetta

(Name of Contact Person)

H3: Health. Hope. Healing. Inc

(Firm/ Company)

1935 Calais Drive #205

(Address)

Miami Beach, FL 33141

(City/ State and Zip Code)

info@h3hope.org

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

For further information concerning this matter, please call:

Jane Maria Piazzetta

(Name of Contact Person)

at ( 305 ) 531.2046

(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

H3: Health. Hope. Healing. Inc

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

N09000011482

(Document Number of Corporation (if known))

APPROVED  
FILED  
11 JAN -4 PM 3:37  
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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_ (Florida street address)

\_\_\_\_\_, Florida  
(City) (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.*

\_\_\_\_\_  
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>
CP	Lisa Blumetti	1775 Washington Avenue, # 14c Miami Beach, Fl 33139	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
S	Marilda Russo	6651 Sunset Drive Miami, Fl 33143	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VCP	Dwight Nimblett	19130 NE 1 Avenue North Miami Beach, Fl 33179	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

Executive Director --- Jane Maria Piazzetta 1935 Calais Dr. # 205 -- Add

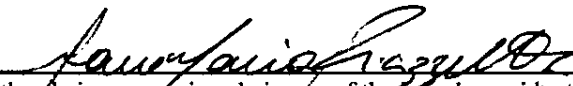
Miami Beach Fl 33141

The date of each amendment(s) adoption: 02.17.10  
(date of adoption is required)  
Effective date if applicable: 02.17.10  
(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 12.30.10

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)

Jane M. Piazzetta  
(Typed or printed name of person signing)

Executive Director  
(Title of person signing)