## N1000000526

(Re	equestor's Name)	<u>-</u>
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>)</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
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B : MAY 28 2010

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION:	THEE HELPING HANDS, INC	<u> </u>
DOCUMENT NUM	BER:	N1000000526	
The enclosed Articles	s of Amendment and fee a	re submitted for filing.	
Please return all corre	espondence concerning th	s matter to the following:	
		Mark Alhadeff	
	N	ame of Contact Person	
The Alhadeff Law Group, P.L.			
Firm/ Company			
767 W 41st Street		<del></del>	
Miami Beach, FL 33140  City/ State and Zip Code			
	mark@ E-mail address: (to be use	alhadefflaw.com d for future annual report notification)	
For further information	on concerning this matter,	please call:	
Ma	ark Alhadeff	at ( 305 ) 538-2	344
Name of	Contact Person	Area Code & Daytime Telephor	e Number
Enclosed is a check for	or the following amount n	nade payable to the Florida Departmen	t of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	52.50 Filing Fee Certificate of Status Certified Copy Additional Copy is enclosed)
Mailing Add Amendment S Division of Co P.O. Box 632	Section orporations	Street Address Amendment Section Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301



April 20, 2010

MARK ALHADEFF THE ALHADEFF LAW GROUP, P.L. 767 W 41ST STREET MIAMI BEACH, FL 33140

SUBJECT: THEE HELPING HANDS, INC.

Ref. Number: N1000000526

We have received your document for THEE HELPING HANDS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 710A00009770

## Articles of Amendment to Articles of Incorporation of The Helping Hands, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) NICOCOCO 5 26 (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:

he new name must be distinguish <del>a</del> ble and c bbreviation "Corp." or "Inc." <u>"Company"</u>	or "Co." may not be use	d in the name.	nco:poruiea or ine
. Enter new principal office address, if ap			
rincipal office address <u>MUST BE A STRE</u>	E <u>T ADDRESS</u> )		
			····
Enter new mailing address, if applicable	<b>2:</b>	•	
(Mailing address MAY BE A POST OFF.			
		<del></del>	<del></del>
. If amending the registered agent and/or	registered office addres	ss in Florida, e	enter the name of the
If amending the registered agent and/or new registered agent and/or the new reg		ss in Florida, e	enter the name of the
		ss in Florida, c	enter the name of the
		ss in Florida, e	enter the name of the
new registered agent and/or the new reg  Name of New Registered Agent:	istered office address:		enter the name of the
new registered agent and/or the new reg			enter the name of the
new registered agent and/or the new reg	istered office address:  (Florida stre	et address)	, Florida
new registered agent and/or the new reg	istered office address:	et address)	
new registered agent and/or the new reg  Name of New Registered Agent:	istered office address:  (Florida stre  (City) ing Registered Agent:	et address)	, Florida (Zip Code)

## 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>		Address		Type of Action
					_ □ Add _ □ Remove
					_ □ Add _ □ Remove
					_
E. If amer	nding or adding additional sheets, if nec	onal Articles, ente essary). (Be spec	r change(s) here: ific)	·	_
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				:	
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		,			
		×		<del>;</del>	
				<u> </u>	

The date of each amendment(s)	adoption: 5/1/10
	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were as was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.
There are no members or mem adopted by the board of directors	obers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated5	/18/10
have no	Damon Belleperche chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
_	Ormon Belleperche (Typed or printed name of person signing)
_	(Title of person signing)

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