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## **COVER LETTER**

TO: Amendment Section Division of Corporations					
	THE	HELPI	NG	TREE	= TNC.
NAME OF CORPORATION:	1111	110,			
DOCUMENT NUMBER:	<u> </u>	10000	25	541	
The enclosed Articles of Amendment a	nd fee are subm	itted for filing.			
Please return all correspondence conce	rning this matter	to the following:			
CEC	ILIA	Name of Contact Person	<u> </u>		
	111	Name of Confact Person	·)		
IHE	HE.	LPING	1	REE	INC
		(Firm/ Company)			
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		(Address)			<del></del>
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JELO R	(	City/ State and Zip Code	:)		
F-mail addr	1-0 (, 9-5) ess: (to be used	TO A To	HE notification)	HELP/	NG TREETA
				GMAI	L, COM
For further information concerning this	-			<b>-</b> - /	
CECILIA	- 41	m ai	407	158	7997
(Name of	Contact Person)	(Ar	ea Code) (	Daytime Telepho	one Number)
Enclosed is a check for the following a	mount made pay	able to the Florida Depa	rtment of Sta	ite:	
	5 Filing Fee & Ecate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certified	ite of Status I Copy mal Copy is	
Mailing Address		Street .	Address		
Amendment Section			ment Section		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment

to
Articles of Incorporation
THE HELPING TREE INC
(Name of Corporation as currently filed with the Florida Dept. of State)
N100000 2541
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> 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.  8017 NEW RIVER DRIV
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  APT. 17/0/
ORLANDO, FL, 32821
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  5 AM  5
<u></u>
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:
SAM E
Name of New Registered Agent: SO 17 WEW RIVER DRIVE
New Registered Office Address:  (Florida street address) APT, 17/01
ORVANDO Florida 3282
(City) (Zip Code).
New Registered Agent's Signature, if changing Registered Agent:
Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
NH OF TO
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)

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 Doc, 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 Doe  Y Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change		
Add		·
Remove	. / ^ /	· · · · · ·
2) Change	<i>N</i> I*	
Add		
Remove	1/ D	•
3 ) Change		
Add		
Remove	11 8	
4) Change		
Add		
Remove	1/A	
5) Change	/	
Add		
Remove	NK	
6) Change	/	
Add		
Remove		

E. If amending or adding additional Arti (attach additional sheets, if necessary).	cles, enter change(s) he	<u>re</u> :		
(Much additional sheets, if necessary).	(be specific)			
1/19				
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late	date of each amendment(s) ado this document was signed. ctive date <u>if applicable</u> :	ption:	d de la	hendment file date		, if other than the
	e: If the date inserted in this block iment's effective date on the Depa	c does not meet the appli	cable statu	•		be listed as the
Ado	ption of Amendment(s)	( <u>CHECK ONE</u> )				
Ø	The amendment(s) was/were ado was/were sufficient for approval.		I the numbe	er of votes cast for	the amendment(s)	
		cuvil	ne board. p	resident or other o	officer-if directors	
		selected, by an incorpor	t fiduciary)	,		
		CEC/L (Typed or p		L/M ne of person signin	<del>/</del>	
		DIREC	To,	R		

(Title of person signing)