# 1/100003954

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#### **COVER LETTER**

**TO:** Amendment Section Division of Comporations

NAME OF CORPO	DRATION: <u>HELPING HA</u>	NDS WITH YOUR H	EART, INC.
DOCUMENT NUN	MBER: N11000003954		
The enclosed Article	es of Amendment and fee are sul	omitted for filing.	
Please return all cor	respondence concerning this mat	ter to the following:	
		NDE CHARLES	***
	(Name of	f Contact Person)	
	HELPING HANDS	WITH YOUR HEART, IN	IC
	(Firm	n/ Company)	
	13112 SW	53RD STREET	
4-27,000	(.	Address)	
	MIRAM	AR, FL. 33027	
		te and Zip Code)	
Eor further informat		el001@mymdc.net	tification)
ror luturer informati	ion concerning this matter, pleas	e can:	
RAYMONDE CH	IARLES	at ( 786 ) 290-	
(Name	e of Contact Person)	(Area Code & D	aytime Telephone Number)
Enclosed is a check	for the following amount made p	payable to the Florida Depart	ment 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 shassee, FL 32314	Street Address Amendment Section Division of Corporation Building 2661 Executive Corporation Tallahassee, FL 3	orations Center Circle

## Articles of Amendment to Articles of Incorporation of

MISEP IL PHONE IN

# HELPING HANDS WITH YOUR HEART, INC.

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

## N11000003954

(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:

nd contain the word "corporation" or " y" or "Co," may not be used in the nam	
applicable: REET ADDRESS )	
able: FFICE BOX	
or registered office address in Florida.	enter the name of th
	_ <del></del>
(Florida street address)	<del></del>
	, Florida
	epplicable:  REET ADDRESS  ble:  or registered office address in Florida.  registered office address:

Page 1 of 3

# 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)

Title	<u>Name</u>	<u>Address</u>	Type of Action
	·		☐ Add ☐ Remove
	<del></del>		☐ Add ☐ Remove
	ding or adding additional dditional sheets, if necessar	Articles, enter change(s) here:  y). (Be specific)	
Upon the	dissolution of the corpo	pration, assets shall be distributed for	r one or more
exempt w	ithin the meaning of se	ction 501 (c) (3) of the Internal Reve	nue Code, or the
correspon	ding section of any fut	ure federal tax code, or shall be distri	buted to the
federal go	vemment, or to a state	or local government, for a public pur	pose. Any such
assets no	t so disposed of shall b	e disposed of by a Court of Compete	ent Jurisdiction
of the cou	nty in which the princip	al office of the corporation is then loc	cated, exclusively
for such p	urposes or to such orga	anization or organizations, as said Co	ourt shall determine,
which are	organized and operate	d exclusively for such purposes.	

The date of each amendment	(s) adoption: September 9, 2011
Effective date <u>if applicable</u> :	(date of adoption is required) Immediately
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer was/were sufficient for appr	e adopted by the members and the number of votes cast for the amendment(s) oval.
There are no members or n adopted by the board of dire	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated Septe	ember 9, 2011
Signature X	Row monde Charles
have	the chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	RAYMONDE CHARLES
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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