NI1000008854

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SIVISION OF CORPORATIONS

14. IIII 24 PH 1: 19

C. LEVVIS

AUG 6 2014

EXAMMER

COVER LETTER

TO: Amendment Section : Division of Corporations

NAME OF CORPORATION: GHE MANAGEMENT HELP, INC.					
DOCUMENT NUMBER: N11000008854					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matte	r to the following:				
SHARON LAMBOTT					
	(Name of Contact Person)			
TOLLEY & HILL, PLLC					
(Firm/ Company)					
102411 OVERSEAS HIG	SHWAY				
	(Address)				
KEY LARGO, FL 33037					
	(City/ State and Zip Code	:)			
PETERHOPWOO	D247@GM	IAIL.COM			
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please	call:				
OLGA ESTRADA	₃₁ ,305	579-1106			
(Name of Contact Person)		ode & 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 & 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	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301			

Articles of Amendment Articles of Incorporation



14 JUL 24 PM 4: 19 GHE MANAGEMENT HELP, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N11000008854 (Document Number of Corporation (if known)

	of the corneration.				
A. If amending name, enter the new name o	the corporation.				
name must be distinguishable and contain the "Company" or "Co." may not be used in the i		or "incorpore	ited" or the ab		The I
3. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>					
	_				
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	e: ICE BOX)				
	+				
If amending the registered agent and/or new registered agent and/or the new registered agent.	registered office ad	dress in Flori	la, enter the n	name of the	
new registered agent and/or the new reg	registered office addre	ss:		name of the	
new registered agent and/or the new reg	istered office addre	ss:		name of the	
new registered agent and/or the new reg Name of New Registered Agent:	istered office addre	ss:		name of the	

Page 1 of 4

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 Doe, 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 Do V Mike Jo SV Sally Sn	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add Remove			
2) Change			
Add			
3) Change			
Remove			
4) Change			
Remove			
5) Change			
Add			
6) Change			
Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

ARTICLE VIIII: DISSOLUTION CLAUSE
UPON THE DISSOLUTION OF THIS ORGANIZATION, ASSETS SHALL
BE DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES WITHIN
THE MEANING OF SECTION 501(c)(3) OF THE INTERNAL REVENUE
CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL
TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL
GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT, FOR A
PUBLIC PURPOSE.

The	date of each amendment(s) add	option:		<u></u>	, if other than the
	this document was signed.	- -	SLIRETAR HOLVISTON OF C	Y OF STATE SORPORATIONS	
Effe	ctive date <u>if applicable</u> :				
2110	- I in proceedings	(no more than 90 days afte	r amendme hl fileldble} L	PM 4: 19	
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)			
	The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the nu	mber of votes cast for the	amendment(s)	
	There are no members or memb adopted by the board of directo	ers entitled to vote on the amend rs.	ment(s). The amendment	(s) was/were	
	Dated 06/27/	2014	_		
	Signature				
	(By the chair have not bee	nan or vice chairman of the boar n selected, by an incorporator – appointed fiduciary by that fiduci	f in the hands of a receive		_
	PETER H	IOPWOOD			
		(Typed or printed name of perso	n signing)		
	PRESIDE	ENT			
		(Title of person signing	g)	•	