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SEURETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: JDR Help	ing Hands (	Group, LLC.
DOCUMENT NUMBER: N11000009	683	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Gabriel Williams		,
	(Name of Contact Person	1)
JDR Helping Hands Gro	up, LLC.	
	(Firm/ Company)	
6916 Northeast 3 Avenu	е	
***************************************	(Address)	·
Miami, Florida 33138		
	(City/ State and Zip Code	e)
jdrhelpinghandsg	roup@yaho	o.com
E-mail address: (to be used	for future annual report i	notification)
For further information concerning this matter, please	call:	
Gabriel Williams	at (305	9154096
(Name of Contact Person)	•	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of State:
\$35 Filing Fee \$\Bigcup \\$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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

## Articles of Amendment to Articles of Incorporation of



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JDR Helping Hands Gro	up, <del>ttc</del> ナルC・	15.40 @ 1 PH
(Name of Corporation as current)	y filed with the Florida Dept. of S	State)
N11000009683		
(Document	Number of Corporation (if known	)
ursuant to the provisions of section 617.1 mendment(s) to its Articles of Incorporati		Not For Profit Corporation adopts the folio
. If amending name, enter the new name	me of the corporation:	
		The
		porated" or the abbreviation "Corp." or "I
Company" or "Co." may not be used in	ine name.	
. Enter new principal office address, i Principal office address MUST BE A ST		
rincipul office unuress <u>in OST DL AST</u>	<u> </u>	
Enter new mailing address, if applied (Mailing address MAY BE A POST OF APPLIED APP		
-		
	<u>,, , , , , , , , , , , , , , , , , , ,</u>	_
		**************************************
. If amending the registered agent and		<u>lorida, enter the name of the </u>
new registered agent and/or the new	registered office address:	
Name of New Registered Agent:		
lew Registered Office Address:	(Florida street add	dress)
<u> </u>		Mi-d-
	(City)	, Florida (Zip Code)
	·	1-2
ew Registered Agent's Signature, if ch hereby accept the appointment as registe		accept the obligations of the position
Justepr me appoinment as rogisto	Z warywarmen from unu	accept the designations of the position.
Sign	nature of New Registered Agent, if	changing
nga	minic of their neglistered rigetti, if	ununging

## 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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change	<u></u>	_		
Add				
Remove				
3) Change		_		
Add				
Remove				***
4) Change				
Add		_	<u></u>	
Add				
<u> </u>				
5) Change		_		
Add				
Remove				
6) Change				
		_	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
Add				
Remove				

Ε.	If amending or adding additional A	rticles, enter change(s) here:
	(attach additional sheets if necessary)	) (Re specific)

Article IV.
Upon the dissolution of the 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. Any such assets not disposed of shall be disposed of by
a court of competent jurisdiction in the county in which the principal office
of the organization is then located, exclusively for such purposes of to such
organization or organizations, as said Court shall determine, which are
organized and operated exclusively for such purposes.
·
•

The date of each amendment(s) adoption: July 27, 2012		
Eff	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
Ade	option 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 July 30, 2012 Signature Salid William	
	(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)	
	Gabriel Williams	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	