

N12000002931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

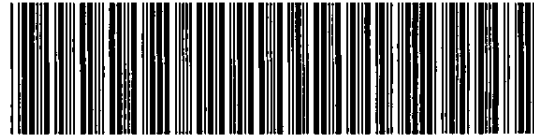
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900234262099

*Amend*

05/04/12--01021--023 \*\*35.00

FILED  
2012 MAY 24 AM 9A 18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*00789, 00524, 00671

*DPF*  
*5/24/12*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: **PROVIDING A HELPING HAND CORP**

DOCUMENT NUMBER: **N12000002931**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**MAGGIE SAIZ**

(Name of Contact Person)

**PRIMO TAX SERVICES, INC**

(Firm/ Company)

**18400 NW 75 PLACE SUITE 131**

(Address)

**HIALEAH FL 33015**

(City/ State and Zip Code)

**PRIMOTAX@GMAIL.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**MAGGIE SAIZ**

(Name of Contact Person)

at **305 698-6800**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 10, 2012

Maggie Saiz  
Primo Tax Services, inc.  
18400 NW 75 Place, Suite 131  
Hialeah, FL 33015

SUBJECT: PROVIDING A HELPING HAND CORP  
Ref. Number: N12000002931

We have received your document for PROVIDING A HELPING HAND CORP 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 is incomplete. The 4th page is missing. Please fill out the 4th page with the date of each amendment's adoption, check one of the boxes under adoption of amendment and have an officer sign and put their name and title under their signature.

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) 245-6050.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 312A00014018

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2012 MAY 24 AM 8:58  
NOT RETURNED  
TO AGONY/LEADS  
SUFFICIENCY OF FILING

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2012 MAY 24 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROVIDING A HELPING HAND CORP

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

N12000002931

(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:

A. If amending name, enter the new name of the corporation:

N/A

*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.*

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

Name of New Registered Agent:

N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

  
Signature of New Registered Agent, if changing

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

### ARTICLE III PURPOSE (S)

THE ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE  
PURPOSES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR  
CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

### ARTICLE IX

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  
GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT FOR A PUBLIC PURPOSE.

[illegible]

The date of each amendment(s) adoption: 4-15-2012

Effective date if applicable: 4-27-2012  
(no more than 90 days after amendment file date)

Adoption 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 4-27-2012

Signature Nancy Morrissey  
(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)

Nancy Morrissey  
(Typed or printed name of person signing)  
President  
(Title of person signing)