N12000007597

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COVER LETTER

Division of Corporations
NAME OF CORPORATION: Here'S Help Workforce & GMM. Dev. Co
DOCUMENT NUMBER: ## 1/2000007597
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PAULA P. WRIGHT (Name of Contact Person)
Here's Help Workforce and Comm. Dev. Corp.
1455 NW 183 d Street, Room # 4
Miami GARDENS, FL 33/69 (Gity/State and Zip Code)
hereis helpwork force e email. com Estimal address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PAULA P. WRIGHT at (305) 2-40-7550 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee Scrifficate of Status Certificate Of Status (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

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

Articles of Amendment Articles of Incorporation of

HERE'S HELP WORKFORCE AND COMMU.	NITY DEVELOPMENT CORPORA
(Name of Corporation as currently filed with	the Florida Dept. of State)
# N 1200000 7597 (Document Number of Corpora	
(Document Number of Corpora	tion (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida</i> amendment(s) to its Articles of Incorporation:	a Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation" or "inc	
"Company" or "Co." may not be used in the name	مرا المراجع ال
B. Enter new principal office address, if applicable: 1455	NW 183 Street & o
(Principal office address MUST BE A STREET ADDRESS)	1 4 4 6 2 6
Mian	OF GARDENS, FLOSSED
C. Enter new mailing address, if applicable:	72.
(Mailing address MAY BE A POST OFFICE BOX) 228L	1 SW 129th TERRACE
Mira	mar, FL 33027
	·
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	Florida, enter the name of the
	Alla
Name of New Registered Agent:	~/A
	ω/A
No. Delice 100° 411	(Florida street address)
New Registered Office Address:	N/A . Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	•
I hereby accept the appointment as registered agent. I am familiar with ar	d accept the obligations of the position.
, , , , , , , , , , , , , , , , , , ,	N/A
Signature of N	www. 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: XChange X Remove X Add	PT John D V Mike Jo SV Salty S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	<u>C</u> _	Marcia Beckford	915 NW 156± AVE: Pembroke Pines FL 33028
2) Change Add	<u> </u>	Mercedes Hutchinson	3835 Bejents way Oviedo, FL 32765
Remove 3) Change Add Remove	5	Shavntavia Pollydore	2284 SW 129 Ters. Miraman, FL 33027
4) Change Add Remove	I	Virginia Roses	18650 SW 127th COUTT Miani, FL 33177
5) Change Add Remove	D_	Corlis Robinson	20847 Snapper Place Cutler Bay, FL 33189
6) Change Add Remove	<u></u>	Octavia Crawford	6143 SW 69# Street Miami, FL 33143
Nounove		B 4 64	

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.

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Example: X.Change X. Remove X. Add	PT John V W Mike SV Sally	Jones	
Type of Action (Check One)	<u>Title</u>	Name	Address /
1) Change Add	Consultant	I vette Beinoso-Hermandez	374 E. 46 street 11: 1-1-1-1-33013
Remove 2) Change Add	\mathcal{I}	Catherine Shay	Hialeah, FL 33013 1608 SW 10th Street Fort Lauderdale, FL
Remove 3) Change Add	5	Maria Sierra	333/2 5358 NW 200 Terrace Miami Corders, FL 33055
## Remove 4) Change Add	D	Shelly Wint	37/6 Wilderness way. Coral Springs, FL 33065
7 Remove 5) Change Add	D	Sonya Anderson-habinson	1050 NW 91st Street Miami, FL 33150
	· ———		
Remove		Page 2 of 4	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
(and and additional sheets, if necessary). (be specific)	
ASS HAVE	
Here's Help Workforce and Community Developme Corporation also have a second	117
Corpression also have a second	
OFFICE LOCATION: 2400 SO. Divie Hum. RM 1/2	
100 90	
Coral Gables, FL 33133	
OFFICE NUMBER 305-240-7550	
·	
,	

The date of each amendment(s).adoption:	N/A	, if other than the
date this document was signed.		
Effective date if applicable: 10-	20-20/6 o more than 90 days after amendment file date)	
(n	o more than 90 days after amenament file date)	
<u>Note:</u> If the date inserted in this block does not document's effective date on the Department	not meet the applicable statutory filing requirements, the of State's records.	is date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the ame	ndment(s)
There are no members or members entit adopted by the board of directors.	led to vote on the amendment(s). The amendment(s) w	as/were
Dated 10-19-	2016	
Signature All	W.	11.
have not been selecte	ice chairman of the board, president or other officer-if ed, by an incorporator — if in the hands of a receiver, trud fiduciary by that fiduciary)	
PAUL	A P. WRIGHT (Typed or printed name of person signing)	
CEO)	PRESIDENT (Title of Ferrors circuity)	
1	(Title of person signing)	