

N130000000384

(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:
Daniel Mercedes
Advised to make
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07/07/14--01019--003 **43.75

FILED
STATE BAR OF ST. LOUIS
14 JUL -7 PM 2:39

Amend/cus
@ 7.22.14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Helping Hands Multi Center, INC

DOCUMENT NUMBER: NI300000384

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

Please return all correspondence concerning this matter to the following:

By Daniel Mercedes Jr
(Name of Contact Person)

Helping Hands Multi Center, Inc
(Firm/ Company)

DO 6116 Waterfield Way
(Address)

ST. Cloud, FL 34771
(City/ State and Zip Code)

Helpinghandsmulticenter@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Mercedes Jr at (401) 919-0420
(Name of Contact Person) (Area Code & 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 & 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

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

Articles of Amendment
to
Articles of Incorporation
of

Helping Hands multi Center,
(Name of Corporation as currently filed with the Florida Dept. of State)

N13000000384
(Document Number of Corporation (if known))

FILED
IN FRONT OFFICE OF STATE
14 JUL -7 PM 2:33

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:

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**)

6116 Waterfield way
St. Cloud, FL 34771

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. Box 568802
Orlando, FL 32856

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:

Daniel Mercedes Jr

6116 Waterfield way
(Florida street address)

New Registered Office Address:

St. Cloud
(City)

Florida 34771
(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.

Daniel Mercedes Jr

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

1) ☒ Change

P

Israel Mercedes Jr

P.O. Box 568802

Orlando, FL

32856

☐ Add

☐ Remove

2) ☒ Change

VP

Jeffery D. Rodgers Jr

P.O. Box 568802

Orlando FL

32856

☐ Add

☐ Remove

3) ☐ Change

TREAS/BEC

Massiel M. Pacheco

P.O. Box 568802

Orlando FL

32856

☒ Add

☐ Remove

4) ☐ Change

VP

Joshua W. Burr

P.O. Box 548802

☒ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

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

Mission: To provide the citizens of our communities with opportunities, resources, and tools; so in turn they can achieve success and fulfillment in their daily life.

Vision: A place where opportunity meets endless possibilities.

The date of each amendment(s) adoption: 5/26/14, if other than the date this document was signed.

Effective date if applicable: _____
(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 5/26/14

Signature Rev. Israel Mercedes

(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)

Rev. Israel Mercedes

(Typed or printed name of person signing)

(President) Board Member

(Title of person signing)