N1300001175

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(Cir	y/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies Certificates of Status				
Consist Instructions to	Filing Officer			
Special Instructions to	Filing Officer:			
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A CONTRACTOR OF MANAGEMENT OF THE CONTRACTOR OF

Amend CC (10) 3/4/14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	IBBLE'S HELPIN	NG HANDS, INC.		
DOCUMENT NUMBER: N13000011	175			
The enclosed Articles of Amendment and fee are subm	nitted for filing.			
Please return all correspondence concerning this matte	r to the following:			
Saul Weissman				
	(Name of Contact Person)		
Doctor Dribble's Helping	Hands			
	(Firm/ Company)			
16615 SW 82nd Court				
	(Address)			
Pametto Bay, FL 33157				
	(City/ State and Zip Code))		
sdwcw@aol.com				
E-mail address: (to be used	for future annual report r	otification)		
For further information concerning this matter, please	call:			
Saul Weissman	,786	<u>525-7179</u>		
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)		
Enclosed is a check for the following amount made payable to the Florida Department 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 assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

DOCTOR DRIBBLE'S HELPING HANDS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) N13000011175 (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: 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 <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: (City) (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.

Page 1 of 4

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)			
Doctor Dribble's Helping Hands, Inc. is organized exclusively for charitable and			
educational purposes under section 501(c)(3) of the Internal Revenue Code, or			
corresponding section of any future federal tax code.			
Upon the dissolution of this corporation, 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) adoption: Feb. 24, 2014		, if other than the	
date			
	(no more than 90 days after amendment file date)		
Ad	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.	<i>(</i>	
	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 Feb. 26, 2014		
	Signature Soul Weissman		
	(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)		
	Saul Weissman		
	(Typed or printed name of person signing)		
	Vice President		
	(Title of person signing)		