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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION:	HER FOUNDATION,		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
HANS MOENCH			
100000	(Name of Contact Pers	on)	· · · · · · · · · · · · · · · · · · ·
PROJECTS TOGETHER FOUNDATION INC			
	(Firm/ Company)		
3771 NW 126TH AVE STE 1			
	(Address)		
CORAL SPRING, FL 33065			
	(City/ State and Zip Co	ode)	
CUSTOMERSERVICE@AVET-USA.COM			
E-mail address: (to be used	for future annual repor	rt notification)
For further information concerning this matter, please	call:		
HANS MOENCH	ç at	954	274-3519
(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida De	partment of S	State:
\$35 Filing Fee \$\text{Certificate of Status}\$		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ame Divis	et Address endment Secti sion of Corpc on Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 17 OCT -3 PM 1: 07

PROJECTS TOGETHER FOUNDATION, INC

		ASSESSOR OF ALTRICES
(Name of Corporation as a	currently filed with the Flo	orid Depts of State) Free Stra
N14000001991		Seattle Ser Light DM
(Document	Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not F</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporate	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)		
	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	() <u></u>	
		
		
D. If amending the registered agent and/or registered	ed office address in Florida	a, enter the name of the
new registered agent and/or the new registered o	office address:	
Name of New Registered Agent:		
<u> </u>		
New Registered Office Address:	(4	Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis		
I hereby accept the appointment as registered agent. I	am familiar with and accep	ot the obligations of the position.
	Signature of New Regi	stered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each 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; Executive Officer; CFO = Chief Financial Officer. If an officer/director holds held. President, Treasurer, Director would be PTD.



Creating Jobs for People with Disabilities

Mike Pierre Marketing Director T: 954-479-4954

mpierre@ptfoundation.com www.ProjectsTogetherFoundation.com PROJECTS TOGETHER FOUNDATION inc.

Changes should be noted in the following manner. Currently John Doe is listed 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	PT John Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	MIKE PIERRE	3771 NW 126TH AVE
XX Add	DIELETOL - D	STE 11
Remove	DIESCHOZ - D Marketing Director	CORAL SPRINGS, FL 33065
2) Change		
Add		
Remove		
3)Change		
Add		
Remove		
4) Change		
4) Change		<u> </u>
Add		
Remove		
5) Change		
Add		
Remove		
0 0		
6) Change		
Add		
Remove		

E. If amending or adding additional Artication (attach additional sheets, if necessary).	icles, enter chan (Be specific)	ge(s) here:			
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	e date of each amendment(s) adoption:	, if other than the
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be tument's effective date on the Department of State's records.	e listed as the
Ado	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 09/29/2017	
	Signature Joth my	, -
	(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)	
	Marline Pottinger (Typed or printed name of person signing)	
	C	
	(Title of person signing)	