

N140000002065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

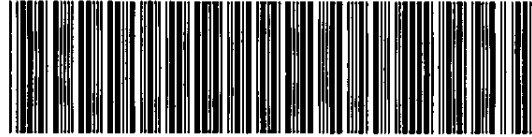
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500270195335

03/05/15--01008--025 \*\*52.50

FILED  
15 MAR -5 PM 5:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PRM*  
3-6-15

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Heart to Heart International Inc.

**DOCUMENT NUMBER:** N14000002065

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

Please return all correspondence concerning this matter to the following:

**Bonita Stamper**

(Name of Contact Person)

**Heart to Heart International Inc.**

(Firm/ Company)

**1424 Vivaldi Place**

(Address)

**Longwood, FL 32779**

(City/ State and Zip Code)

**childrenrestored@yahoo.com**

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

For further information concerning this matter, please call:

**Bonita Stamper**

(Name of Contact Person)

**407 7587724**

(Area Code & Daytime Telephone Number)

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

- |  |  |   |   |
|--|--|---|---|
| <input 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 checked="" 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

FILED  
15 MAR -5 PM 5:58  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
15 MAR -5 PM 5:58  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Heart to Heart International Inc.

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

N14000002065

(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:**

\_\_\_\_\_ 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**)

1424 Vivaldi Place

Longwood FL 32779

**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: \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_

\_\_\_\_\_  
(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.

\_\_\_\_\_

**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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>    </u> Change <u>    </u> Add <u>X</u> Remove	<u>VP</u>	<u>Children Restoration</u>	<u>2932 St. Augustine</u> <u>Drive, Orlando FL</u> <u>32825</u>
2) <u>    </u> Change <u>X</u> Add <u>    </u> Remove	<u>D</u>	<u>Jerome Govan</u>	<u>8888 Seville Street</u> <u>Pahokee, FL 33476</u>
3) <u>    </u> Change <u>X</u> Add <u>    </u> Remove	<u>S</u>	<u>Cortney Daniels</u>	<u>5009 Walnut Ridge</u> <u>Drive, Orlando FL</u> <u>32829</u>
4) <u>    </u> Change <u>    </u> Add <u>    </u> Remove	<u>    </u>	<u>    </u>	<u>    </u> <u>    </u> <u>    </u>
5) <u>    </u> Change <u>    </u> Add <u>    </u> Remove	<u>    </u>	<u>    </u>	<u>    </u> <u>    </u> <u>    </u>
6) <u>    </u> Change <u>    </u> Add <u>    </u> Remove	<u>    </u>	<u>    </u>	<u>    </u> <u>    </u> <u>    </u>

**E. If amending or adding additional Articles, enter change(s) here:**

(attach additional sheets, if necessary). (Be specific)

The organization is organized exclusively for charitable, religious, educational and scientific purposes under section 501 (c) (3) of the Internal Revenue Code or corresponding section of any future federal tax code

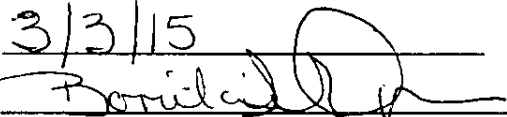
Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501 © (3) of the Internal revenue Code, or or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

The date of each amendment(s) adoption: \_\_\_\_\_, 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 3/3/15  
Signature   
(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)

Bonita S. Stamper  
(Typed or printed name of person signing)  
**PRESIDENT**  
(Title of person signing)