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COVER LETTER

TO: 'Amendment Section Division of Corporations

NAME OF CORPORATIO	HELPING HANDS DN:	FOR HAITI, INC					
DOCUMENT NUMBER: _	N14000003642				···		
The enclosed Articles of Amo	endment and fee are sub	nitted for filing.					
Please return all corresponde	nce concerning this matte	er to the following	;;				
Dony Dessam							
		(Name of Contac	t Person)				
HELPING HANDS FOR HA	ATI. INC.						
		(Firm/ Comp	any)				
7902 SW 9th St							
	·	(Address)				
North Lauderdale, FL 33068					1 V.T.	2023 H.A	
· ·		(City/ State and Z	lip Code)		35	<u>~</u>	-
we.care.gives@gmail.com					350 350	9	
E-	mail address: (to be used	for future annual	report notificat	ion)	11 c7	P# 12: 5	7
For further information conce	erning this matter, please	call:				5	_
Dony Dessam			754 at	422-0882			
(Name of Contact Person)	(Area Code	e) (Daytime Tel	ephone Nu	ımber)	
Enclosed is a check for the fo	Howing amount made pa	yable to the Flori	da Department (of State:			
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S4S, 75 Filing F Certified Copy (Additional copenciosed)	Cer y is Cer (Ad	.50 Filing Fee tificate of Status tified Copy ditional Copy is closed)			
Mailing Ac Amendmen Division of P.O. Box 6: Tallahassee	t Section Corporations 327		Street Address Amendment Se Division of Cot The Centre of 2415 N. Mont	ection rporations	810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

HELPING HANDS FOR HAITI, INC.

(Name of Corporation as currently filed with the Flori	ida Dept. of State)		···-
N14000003642		ຍາ ້	3
(Document N	umber of Corporation (if kr	iown)	B ₹
Pursuant to the provisions of section 617.1006. Florida St amendment(s) to its Articles of Incorporation:	tatutes, this Florida Not Fo	r Profit Corporation adopts the f	ollowing O
A. If amending name, enter the new name of the corp	oration:	S. G.	PH
WE CARE 4 YOU, INC.		हरी बहुत स्थापन	The note
name must be distinguishable and contain the word "corf "Company" or "Co." may not be used in the name.	poration" or "incorporated	" or the abbreviation "Corp." or	"Inc."
B. Enter new principal office address, if applicable:	7902 SW 9TH ST		
(Principal office address MUST BE A STREET ADDRE	ESS) NORTH LAUDERD.	ALE	
	FL, 33068	_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	office address in Florida, ice address:	enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:	(Fla	orda street address)	
		Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		he obligations of the position.	
	Signature of New Registe	red 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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change × Add	Treas.	DINA SIMILIEN	1065 S KIRKMAN RD APT 319, ORLANDO, FL 32811
Remove			
2) Change Add	Mhr	MARGARETTE PIERRE	8121 SOUTHGATE BLVD NORTH LAUDERDALE, FL 3306
Remove 3) Change		ROBENS BERSON	833 RIVERSIDE DR. APT 366 CORAL SPRINGS, FL 33065
4) Change Add			
Remove			<u></u>
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: essary). (Be specific)	
We Care 4 vou. Inc will for	ocus its r	essources to help combat gun violence, help fee	ed strugling families and vouths throught
Central and South Florida	a. Furthe	rmore, the organisation will seek to train, educ	ate and equipe
leaders in third-world cou	untries wi	ith the goal of fighting climate change and harl	hor environemental protection.
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		\ _ \ _ \			
The date of each amendment(s date this document was signed.	(a) adoption:	- 			, if other than the
Effective date if applicable:	7/20/22				
- Annie and Ampiricant	(no more the	n 90 days afte	r amendment file	date)	
Note: If the date inserted in this document's effective date on the	block does not meet t Department of State's	he applicable s s records.	tatutory filing req	uirements, this date wil	Il not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

	no members or members entitled to vote on the amendment(s). The amendment(s) was/were by the board of directors.
. r	Signature By the chairman of 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)
	Dony Dessam
	(Typed or printed name of person signing)
	President
	(Title of person signing)