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C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Helping Heartz, Inc.				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are subm	itted for filing.			
Please return all correspondence concerning this matter	to the following:			
Rachel Poppelreiter	J			
	Name of Contact Perso	n)		
Helping Heartz, Inc.		*		
	(Firm/ Company)			
16412 E. Lullwater Drive				
	(Address)	· ·		
Panama City Beach				
(City/ State and Zip Cod	e)·		
helpingheartzorg@	gmail.con	1		
E-mail address: (to be used	for future annual report	notification)		
For further information concerning this matter, please c	all:			
Rachel Poppelreiter	_{at} 850	832-0650		
(Name of Contact Person)		ode & Daytime Telephone Number)		
Enclosed is a check for the following amount made pay	able to the Florida Depa	artment 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	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Helping Heartz, Inc.		State of the state
(Name of Corporation as current	ly filed with the Florida Dept. of State)	
(Doc	nument Number of Corporation (if known)	
rsuant to the provisions of section 617 mendment(s) to its Articles of Incorpora	1006, Florida Statutes, this <i>Florida Not For</i> tion:	Profit Corporation adopts the follo
If amending name, enter the new n	ame of the corporation:	
ime must be distinguishable and contai Company" or "Co." may not be used i	n the word "corporation" or "incorporated 1 the name.	The or the abbreviation "Corp." or "I
Enter new principal office address, rincipal office address <u>MUST BE A S</u>		<u> </u>
		
Enter new mailing address, if appl (Mailing address MAY BE A POST		
Enter new mailing address, if appl (Mailing address MAY BE A POST		
(Mailing address <u>MAY BE A POST</u>	od/or registered office address in Florida,	enter the name of the
(Mailing address MAY BE A POST	ad/or registered office address in Florida, w registered office address:	enter the name of the
Mailing address MAY BE A POST If amending the registered agent as new registered agent and/or the ne	ad/or registered office address in Florida, w registered office address:	
(Mailing address MAY BE A POST If amending the registered agent as new registered agent and/or the ne	ad/or registered office address in Florida, w registered office address: Rachel Poppelreiter 16412 E Lullwater Dr (Florida street address)	
Mailing address MAY BE A POST If amending the registered agent at new registered agent and/or the new Name of New Registered Agent:	ad/or registered office address in Florida, w registered office address: Rachel Poppelreiter 16412 E Lullwater Dr (Florida street address)	ive

Page 1 of 4

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>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP_	Derick Poppelreiter	16412 E Lullwater Drive
Add			Panama City Beach, Fl. 32413
X Remove			
2) Change	ADV	Cindy Poppelreiter	16412 E Lullwater Drive
Add			Panama City Beach, Fl. 32413
X Remove	VP	Stephanie Deese	5 Transom Road
3) Change X Add		Otophiamo Boood	Port Wentworth, GA. 31407
Add			
4) Change	ADV	Shannon Dinse	2101 W. Hwy 390
X Add			apt. 332
Remove			Lynn Haven, Fl. 32444
5) Change			
Add			
Remove			
6) Change	 		
Add			
Remove			

amending or adding additional Art ach additional sheets, if necessary).	(Be specific)				
					
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The date of each amendment(s) adoption: 10/15/2014	, if other than the
date this document was signed. Effective date if applicable: 10/01/2014	
(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 10/15/2014	
Signature Rame Poppelruiter	
(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)	
Rachel Poppelreiter	
(Typed or printed name of person signing)	
President	
(Title of person signing)	