## N14000010693

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

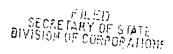
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## **COVER LETTER**

TO: Amendment Section Division of Corporation	ıs		*	
		.4	· ·	_
NAME OF CORPORATION	Home Run's That Hel	p, Inc.		
DOCUMENT NUMBER:	N14000010693		·	
The enclosed Articles of Am	endment and fee are subm	itted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
Mary Moreno				
	•	Name of Contact	Person)	
		(Firm/ Compa	any)	
304 Indian Trace #438				
		(Address)		
Weston, Fl 33326				
<u></u>	(	City/ State and Z	p Code)	
		•	•	
powershowcase@att.net				
E	-mail address: (to be used	for future annual	report notification	on)
For further information conc	erning this matter, please o	eall:		
Brian Domenico			561 at	271-7247
	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	able to the Florid	a Department o	f State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional copenclosed)	y is Cert (Add	50 Filing Fee ificate of Status ified Copy ditional Copy is closed)
Mailing A	ddress		Street Address	
Amendme	nt Section		Amendment Sec	
	f Corporations		Division of Cor	
P.O. Box 6			Clifton Building	
Tallahasse	e, FL 32314		2661 Executive	Center Circle

Tallahassee, FL 32301

## Articles of Amendment toArticles of Incorporation of



Home Run's That Help, Inc.

15 APR 28 AM 9: 59

(Name of Corporation as cu	rrently filed with the Flor	ida Dept. of State)
N14000010693		
(Document N	lumber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
Home Runs That Help, Inc.		The new
name must be distinguishable and contain the word "corp" (Company" or "Co." may not be used in the name.	poration" or "incorporated	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS )	
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 off		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Fl	orida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a		the obligations of the position.
	Signature of New Regist	ered 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>V</u> <u>M</u>	hn Doe ike Jones ally Smith		,
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change Add Remove				
2) Change Add Remove				
3 ) Change Add Remove		<del></del> -		
4) Change Add Remove				
5) Change Add Remove		<u></u>		
6) Change Add Remove			<del></del>	

## E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

Article III revision: Add the following statement to Article III:
Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for
such purposes, the making distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the
Internal Revenue Code or corresponding section of any future federal tax code.
Upon the dissolution of the 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 public purpose. Any such assets not so
disposed of shall be disposed of by a Court of Competent Jurisdiciton of the County in which the principal office of the
corporation is then located, exclusively for such purposes or to such organization(s), as said Court shall determine, which
are organized and operated exclusively for such purposes.

The date of each amendment(	s) adoption:		if other than th
date this document was signed.		SECIAS TARY	COF STATE
Effective date <u>if applicable</u> :		DIVISION OF C	UKTURAHUM:
	(no more than 90 days after amendment file date)	15 APR 28	AH 9:59
	s block does not meet the applicable statutory filing requirement e Department of State's records.	s, this date will no	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the roval.	amendment(s)	
There are no members or n adopted by the board of di	nembers entitled to vote on the amendment(s). The amendment(rectors.	(s) was/were	
Dated	2015		
Signature	Sua Danno		<del></del>
have no	chairman or vice chairman of the board, president or other office t been selected, by an incorporator – if in the hands of a receive ourt appointed fiduciary by that fiduciary)		
Bria	n Domenico		
<del></del>	(Typed or printed name of person signing)	<del></del>	
Pres	ident		
**********	(Title of person signing)		