

715000004241

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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*[Signature]*

**Legal Filings Inc**

16830 Ventura Blvd, Suite 360

Encino CA 91436

818-380-1940

F) 818-380-1950

Amendment Section

Division of Corporations

Post Office Box 6327

Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find two copies of Articles of Amendment for **Heart In Hands Special Needs Inc.** Please find a check made out to Florida Department of State for the amount of \$43.75 (\$35.00 for the amendment filing fee and \$8.75 for the certified copy fee).

Please send a stamped copy of the amendment to:

Legalfilings.com, Inc

16830 Ventura Blvd, Suite 360

Encino CA 91436

Sincerely,

Nikki Steen

Customer Services

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Heart In Hands Special Needs Inc

**DOCUMENT NUMBER:** W15000019372

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

Please return all correspondence concerning this matter to the following:

Nikki Steen

(Name of Contact Person)

LegalFilings.com, Inc.

(Firm/ Company)

16830 Ventura Blvd., Suite 360

(Address)

Encino, CA 91436-1711

(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Nikki Steen

818

380-1940

(Name of Contact Person)

at ( )

(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 checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input 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

Articles of Amendment  
to  
Articles of Incorporation  
of

Heart In Hands Special Needs Inc

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

1715000004241

(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**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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.

Signature of New Registered Agent, if changing

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 OCT -6 AM 7:12

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**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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> 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) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3 ) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

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

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

Article III is amended to read as follows:

A. This corporation is organized and operated exclusively for one or more of the following purposes: Charitable, Religious,

Scientific and/or Educational purposes, including, for such purposes, the making of 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. The specific purpose is to build a community for disabled veterans and handicapped people from all walk of life. Services are intended to be met through on-site physician services and other health programs. Amenities will be designed to give many various opportunities for lifestyle choices that meet each individual's needs or desires such as mentioned above.

B. Upon the dissolution or winding up of the organization, its assets remaining after payment, or provision for payment, of all debts

and liabilities of this organization shall be distributed to a nonprofit fund, foundation or corporation which is organized exclusively for

charitable purposes and which has established its tax exempt status under 501(c)(3), Internal Revenue Code.

C. No part of the net earnings of the organization shall inure to the benefit of, or be distributable to its members, trustees, officers,

or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for

services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof.

No substantial part of the activities of the organization shall be carrying on of propaganda, or otherwise attempting to influence

legislation, and the organization shall not participate in, or intervene in (including the publishing or distribution of statements) any

political campaign on behalf of any candidate for public office.

Notwithstanding any other provision of the document, the organization shall not carry on any other activities not permitted to be

carried on (a) by an organization exempt from federal income tax under section 501 (c) (3) of the Internal Revenue Code, or

~~corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section~~

170 (c) (2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

The date of each amendment(s) adoption: 9/29/2015, 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 09/29/2015

Signature Robert L. Adkins  
(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)

Robert L. Adkins

(Typed or printed name of person signing)

President

(Title of person signing)