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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Horses Helping Hearts Inc.					
DOCUMENT NUMBER: N 1500004883					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Kathy Genth (Name of Contact Person)					
(Name of Contact Person)					
(Firm/ Company)					
2245 N Beach Rd Unit 401					
(Address)					
Englewood FL 34223					
(City/ State and Zip Code)					
Tumblewed 99 @ Ool · Com E-mail address: (to be used for future annual report notification)					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
(Name of Contact Person) at (941) 809 - 6389 (Area Code) (Daytime Telephone Number)					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & Certificate of Status \$\bigcup \\$643.75 Filing Fee & Certificate of Status \$\bigcup \\$753.75 Filing Fee & Certificate of Status \$\bigcup \\$753.75 Filing Fee & Certificate of Status \$\bi					

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 70/6/19 -4 PH 12:49 Articles of Incorporation (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: 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) relewood FL 34223 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: , Florida (City) (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

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	PT John E V Mike J SV Sally S	lones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	P/T	Kim Durham	1099 Bay Harbor Dr. Englewood, FL 34224
2) Change Add Remove	VP_	Leslie Edwards	1235 Highland Ave Englewood, FL 34223
3) Change Add ✓ Remove		Lavonne Genth	2245 N Beach Rd Bldg 2 Unit 401 Englewood, FL 34223
4) Change Add ✓ Remove	_D	Louise Mandrell	110 Haywood Hills Ashland City, TN 37019
5) Change Add Remove			
6) Change Add Remove			

2. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	

The date of each amendment(s) a date this document was signed.	doption: 4-1-/Lo	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file o	date)
Note: If the date inserted in this blocoument's effective date on the De	ock does not meet the applicable statutory filing requepartment of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast al.	for the amendment(s)
There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amenders.	ndment(s) was/were
Dated	4-1-16	
	rman or vice chairman of the board, president or othe	
	een selected, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	receiver, trustee, or
	(Typed or printed pame of person sig	
	President (Title of person signing)	