N 15000005470

(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Hea NAME OF CORPORATION:	irt 2 Heart Support G	roup Inc.			
N150000	005470				
DOCUMENT NUMBER:				· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Amendmen	and fee are submitt	ed for filing.			
Please return all correspondence con	cerning this matter to	the following:			
	Christi	ne Mayers			
	(N	ame of Contact Pe	rson)		
	Heart 2 He	eart Support Group	o Inc.		
		(Firm/ Company)		
	921 64	th Avenue South			
		(Address)			
	St. Pete	ersburg, Florida	33705		
	(C	ity/ State and Zip C	Code)		
heart2h	eart727@gmail.com				
E-mail ad	dress: (to be used for	r future annual rep	ort notification		
For further information concerning the	his matter, please cal	1:			
Christine N	Mayers	at	727	866-7528	
(Name o	of Contact Person)		(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following	g amount made payab	ole to the Florida D	Department of S	tate:	
	(\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi S Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	

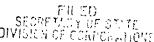
Mailing Address

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



Heart 2 Heart Support Group Inc.

15 JUL 13 PH 1: 25	-
tion adopts the following	

(Name of Corporation			da Dept. of State)	
	N1500	0005470		
(Docum	nent Numb	per of Corporation (if kn	own)	
Pursuant to the provisions of section 617 1006, Flor amendment(s) to its Articles of Incorporation:	rida Statut	es, this <i>Florida Not For</i>	Profit Corporation adopts the following	
A. If amending name, enter the new name of the	corporat	tion:		
N/A			The new	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ntion" or "incorporated	" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable:		921 64th Avenue South		
(Principal office address <u>MUST BE A STREET A</u>	<u>DDRESS</u>	St. Petersburg, Florida		
		33705		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		921 64th Avenue Sou	th	
		St. Petersburg, Florida	1	
		33705		
D. If amending the registered agent and/or regi			enter the name of the	
new registered agent and/or the new register	ed office	address:		
Name of New Registered Agent: N/A				
	N/A			
New Registered Office Address:		(Florida street address)		
			, Florida N/A	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing land the la	Registereo nt. I am fa	d Agent: amiliar with and accept	the obligations of the position.	
			N/A	
		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>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	<u>nes</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change	<u>T</u>	-	Barbara Keys	
x Remove				
2) Change Add		-		
Remove 3) Change		uar-		
Add Remove				
4) Change Add		_		
Remove 5) Change Add		_		
Remove				
6) Change Add	47 - 481 - 18 -	_ -		
Remove				<u> </u>

E. If amending or adding additional (attach additional sheets, if necessal	y). (Be specific)		
	11/2 11/2 11/2 11/2 11/2 11/2 11/2 11/2	 	<u>.</u>
	 	 	
		 ,	
	<u> </u>	 	
			
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	date of each amend this document was s		, if other than the
	ctive date <u>if applica</u>	July 10,2015	SECRETARY OF ALLI
		(no more than 90 days after amendment file date)	15 III 12 DE LA
Not doce	e: If the date inserte ument's effective dat	d in this block does not meet the applicable statutory filing requirement e on the Department of State's records.	is, this date Will had be tisted as the
Ado	option of Amendme	nt(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the for approval.	amendment(s)
	There are no memb adopted by the boa	ers or members entitled to vote on the amendment(s). The amendment(rd of directors.	(s) was/were
	Dated	July 10,2015	
	`	By the chairman or vice chairman of the board, president or other office have not been selected, by an incorporator – if in the hands of a received	
		other court appointed fiduciary by that fiduciary)	
		Christine Mayers	
		(Typed or printed name of person signing)	
		President	
	•	(Title of person signing)	