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JUL 20 2016

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Foundatio	n His Hand	ls and Feet Inc
DOCUMENT NUMBER: N160000042	229	
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Lucy Palacios		
	(Name of Contact Persor	n)
M & L Accounting Service	е	
	(Firm/ Company)	
16969 NW 67 Avenue # :	208	
	(Address)	
Hialeah, FL 33015		
(City/ State and Zip Code	e)
lucy@mlaccountir	naservice.co	om
E-mail address: (to be used	~	·
For further information concerning this matter, please c	call:	
Lucy Palacios	at (305	231-7212 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Depa	rtment of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & E Certificate of Status	S43.75 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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Foundation His Hands and Feet Inc

roundation his hands and reet inc	
(Name of Corporation as currently filed with the Florida Dept. of	State)
N16000004229	
(Document Number of Corporation (if	known)
ursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida</i> mendment(s) to its Articles of Incorporation:	a Not For Profit Corporation adopts the following
. If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporation" or "inco Company" or "Co." may not be used in the name.	orporated" or the abbreviation "Corp." or "Inc."
. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u> </u>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
 	
. 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 a	ddress)
New Registered Office Address:	
	Clasida
(City)	, Florida (Zip Code)

Page 1 of 4

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally 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			
4) Change			
			
Add Remove			
			· · · · · · · · · · · · · · · · · · ·
5) Change		***************************************	
Add			
Remove			
() (I)			
6) Change		_	
Add			
Remove			· ·

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

To Add In Article III

Said organization is organized exclusively for chartable, religious, educational, and scientific 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.
Upon the dissolution of the organization, 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, for shall be distributed to the federal government, or to a state or local
government, for a public purpose Any such assets not disposed of shall be disposed of by a court of
competent jurisdiction in the county in which the principal office of the organization is then located,
exclusively for such purposes or to such organization or organizations, , as said Court shall determine,
which are organized and operated exclusively for such purposes.

The	date of each amendment(s) ad	option: 07/07/2016	, if other than the
date this document was signed.			ÉTELEU SEOBÉTARY OF STATE HVISTON OF COMPORATION
EHR	ective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	2016 JUL 12 PM 2: 14
Ada	ption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the am l.	endment(s)
	There are no members or membadopted by the board of director	ners entitled to vote on the amendment(s). The amendment(s) vers.	vas/were
	Dated 07/07/2	2016 mlo te much	
	(By the chair have not bee	man or vice chairman of the board, president or other officer-iten selected, by an incorporator – if in the hands of a receiver, trappointed fiduciary by that fiduciary)	
	Carmelo P	ineiro	
		(Typed or printed name of person signing)	
	President		

(Title of person signing)