NILOCCC	12133
(Requestor's Name) (Address) (Address)	700309487757
(City/State/Zip/Phone #)	03/05/1801031030 **43.75
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COVER LETTER

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COVERENTER
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: PUPPle Hands Help Center INC.
DOCUMENT NUMBER: N16000012133
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Minderly Denice Bell (Name of Contact Person)
Purple Hands Help Center INC, (Firm/Company)
4007 Brinell Aue (Address)
Oklando F1 32808 (City/ State and Zip Code)
PhC21447C Gmail: Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kimbeely Denice Bell at (407) 731-7850 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee ▲ \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

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, I · ·	Articles of Amendment		
	to Articles of Incorporation	r da a	Ű
Purple Lloods He	of 10 center TNC.	2010 11.17 - 5	Ph 4: 2
(Name of Corporation a	s currently filed with the Florida Dept. of State)		-
NILONDIA 133			·
(Docume	nt Number of Corporation (if known)	•	-
Pursuant to the provisions of section 617.1006, Florid mendment(s) to its Articles of Incorporation:	la Statutes, this Florida Not For Profit Corporation	adopts the following	g
A. If amending name, enter the new name of the c	orporation:		1
N/A	:	The new	
name must be distinguishable and contain the word "	"corporation" or "incorporated" or the abbreviation		i
"Company" or "Co." may not be used in the name.			
3. Enter new principal office address, if applicabl			-
Principal office address <u>MUST BE A STREET AD.</u>	DRESS)		
ł			-
1.			-
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BC</u>	$a = a \left(/ A \right)$		
(maining underess <u>may be a rost of rice be</u>			-
	·····		-
	}		_
D. <u>If amending the registered agent and/or registered agent and/or registered</u>		<u>he</u>	
	.1/4		•
<u>Name of New Registered Agent:</u>			-
, ; ,-	(Florida street address)		- ,
New Registered Office Address:	[r for fait sireer address]		Í
!	N/A Flor	ida -	ļ
1	(City) (Zi	p Code)	-
New Registered Agent's Signature, if changing Re	gistered Agent:		
hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the	e position.	
1	1		
1 1			-
	Signature of New Registered Agent, if chang	ung	

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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.

<u>X</u> Change <u>X</u> Change <u>X</u> Remove <u>X</u> Add	PTJohn DoeVMike JonesSVSally Smith	1	ŗ
Type of Action (Check One)	<u>Title Name</u>		<u>Addres</u> s
1) Change Add	CEO1. Kimb president	Rely D Bell	4007 Brindell Aul Delonço, FI 32808
2) Change	V Tillie	2 Oliver	8947 Angelica Dr. Ordando, FI 32836
Remove 3) Change Add	- Poul	a Patillo	4432 S. LK Oklando Pkuy Orlando, FI 32808
4) Change	D Mich	ael Lee. Jim	isn <u>3823 Adams</u> Rd Dace, F1, 32571
Remove		1	<u> </u>
Add Remove 6) Change	۱ :	1	
Add Remove	!	Poge 2 of 4	
		PODA / ATA	

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E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Current Article remoure 1 111 rin lo RHCLE 111 This corporation is (Irganized exclusively FOR the purpase of choritable purpose with the Meaning OF Section 501(c)(3) OF the Internal Revenue Code UF 1986 as now enected Se here offee amended including For Such Purpose, the Making of distributions to Organization that also Section 501 (c) (3) exempt Organization. Gualify as Subject to the Foregoing provision and turtherance of its express purpose, the Corporation has the following Mission a perp centre called (turple Honds Help 10 Open Center) the mission is to help as many as we can homeless population and families that is ex-With the life Struggles, by providing temporary periencing a little busing and giving but hot meals and clean cluthes us a daily.

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Ļ Í , if other than the The date of each amendment(s) adoption: date this document was signed. 1 Effective date if applicable: (no more than 90 days after amendment file date) 1 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. (CHECK ONE) Adoption of Amendment(s) The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. 2 There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. ruce <u>20</u>18 Dated d Signature (By the chairman or vice chairman of the board, president or other officer-indirectors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) MDLLI (Typed or printed name of person signing) (Title of person signing) 1 Page 4 of 4