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(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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COVER LETTER

Division of Corporations The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & ₩\$43.75 Filing Fee & □ \$35 Filing Fee □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed)

Mailing Address

TO: Amendment Section

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	2018 HAR 28 PH 3: 2#
Heels of	Success, -	Inc.
(Name of Corporation	as currently filed with the Flor	ida Dept. of State)
/	V/80000018	<u> </u>
(Docum	ent Number of Corporation (if kr	nown)
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	ida Statutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		The new " or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	30X)	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
D. If amending the registered agent and/or regis new registered agent and/or the new registered		enter the name of the
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	(Flo	orida street address)
Now Negative a Sylice names.		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R		
I hereby accept the appointment as registered agent	. I am familiar with and accept	the obligations of the position.
_	Signature of New Regist	and Agast if abanging

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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Remove 2) Change Add	<u></u>	Chastity Bethel	P.O. Box 1567/ St. Petersburg, F1 33713
Remove 3) Change Add Remove		Brandy Rushing	391 112th Avenue North Apt. 1-209 St. Retershary, Fl 33714
4) Change Add Remove	I	Gabriana Walke	4330 8th Avenue horth St. Retersburg, F1 33713
5) Change Add Remove		Sherry Roberts	801 15th Avenue Sulh St. Pakrsburg, Fl
6) Change Add			

E. If amending of (attach addition			les, enter cha (Be specific)						
Heels mentor going to adults their	and	Lso 1	or,	The esigna alling	orga	aniza	help ces	ي ز	
							15		
						1			

The date of each amendment(s) adoption: 3/6/18	, if other than the
late this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be locument's effective date on the Department of State's records.	e listed as the
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 $\frac{3/(e/18)}{}$	
Signature JOan	_
(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)	
Christina Teartt	
(Typed or printed name of person signing)	
President	
(Title of person signing)	