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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer	
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August 27, 2024

HELENS HOUSE, INC. BRYAN "BUDDY" MORROW 2330 JOHNNY ELLISON DRIVE MELBOURNE, FL 32901

SUBJECT: CITA THRIFTS, INC. Ref. Number: W24000121456

We have received your document for CITA THRIFTS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NONPROFIT CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Letter Number: 224A00019141

Stacy Prather Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: HELENS HOUSE, INC. DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: BUDDY" MORROW
(Name of Contact Person) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: BRIAN "BUDDY" MORROW at 321-890-6908
(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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment

to

Articles of Incorporation

Ande	of theorporadum	
, , , , , ,	01	
Herens House,	Luc	
Name of Corporation as currently filed with the Florida I	Dept. of State)	
Name of Corporation	24	
N 18000829	94 per of Corporation (if known)	
(Document Nume	er of Corporation (it knows)	
Pursuant to the provisions of section 617,1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation	r adopts the following
A. If amending name, enter the new name of the corpora	tion:	
name must be distinguishable and contain the word "corpora	RIFTS Tuc.	The new
name must be distinguishable and contain the word "corpora	thon or incorporated to the distribution	•
"Company" or "Co." may not be used in the name	2330 JUHNNY E	11,500 DRIVE
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	2330 JUHNNY E. Melbiniane, FL	3290/_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>N/A</u>	
D. If amending the registered agent and/or registered of	fice address in Florida, enter the name of	<u>, tne</u>
new registered agent and/or the new registered office	address.	
Name of New Registered Agent:	<u> </u>	
	(Florida street address)	
New Registered Office Address:		
Now Rogistered Office stations.	173	smed n
	Fic.	Zip Code)
	(City)	124
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent - l am	d Agent: lamiliar with and accept the obligations of	the position
	Signature of New Registered Agent, if char	nging
	Signature of New Registered Agent, if char	nging

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.

infine borrow,	•		
Example: X Change X Remove X Add	PT John D V Mike J SV Sally S	one <u>s</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change Add		N/A	
Remove			
2) Change Add			
Remove 3) Change Add Remove	- <u></u>		
4) Change Add			
Remove			
5 Change Add			
_ Remove			
6) Change Add			
Remove			
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
N/A			
			······

date this document was signed.	otion: if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)
_	(no more than 90 days after amenament the date)
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing requirements, this date will not be listed as the riment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)

Œ	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 $\frac{9/9/24}{}$
	Signature (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)
	BRYAN B. NORROW (Typed or printed name of person signing)
	PRESIDENT (Title of person signing)