

N19000000 578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

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19 MAR 19 AM 9:18
SECRETARY OF STATE
DIVISION OF CORPORATIONS

MAR 23 2019

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The National Minority Hemp Association Inc

DOCUMENT NUMBER: N19000000578

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dorothy M. Walker
(Name of Contact Person)

The National Minority Hemp Association Inc.
(Firm/ Company)

349 S.E. 3rd Street
(Address)

Belle Glade, FL 33430
(City/ State and Zip Code)

Wenniem@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dorothy M. Walker at (561) 449-1420
(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 & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
- Payment Received
Prior to 3/14/19

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 MAR 18 AM 9:18

March 14, 2019

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**RE: We Help Communities To Develop Corporation (Ref. No. N14000011334
The National Minority Hemp Association (Ref. No. N19000000578)**

Sent via Certified Mail: Tracking No. 70183090000099401278

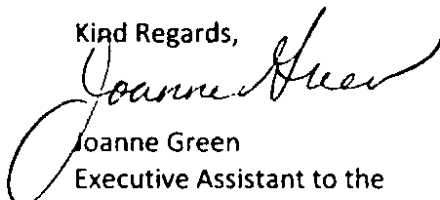
To Whom It May Concern:

As requested, attached for immediate processing are the following documents:

- 1) Articles of Amendment for We Help Communities To Develop Corporation
- 2) Articles of Amendment for The National Minority Hemp Association

Payment was received and processed by your Agency prior to this date. Please move forward with processing these name changes for both organizations. If you should have any questions, please contact Joanne Green at (561) 506-2605. You may also forward any correspondence regarding this matter to wenniem@aol.com. Your immediate attention to this request is much appreciated.

Kind Regards,


Joanne Green
Executive Assistant to the
President, Dr. D.M. Walker



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2019

DR. D.M. WALKER
THE NATIONAL MINORTIY HEMP ASSOCIATION
349 S.E. 3RD STREET
BELLE GLADE, FL 33430

SUBJECT: THE NATIONAL MINORITY HEMP ASSOCIATION INC.
Ref. Number: N19000000578

We have received your document for THE NATIONAL MINORITY HEMP ASSOCIATION 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 Profit Corporation, but your entity is a Non-Profit Corporation. Please complete and return the enclosed blank form(s).

Please verify the spelling of the new name.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 419A00004461

Articles of Amendment
to
Articles of Incorporation
of

The National Minority Hemp Association Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N19000000578

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The National and International Minority Hemp Association Inc. *The new*
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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DIVISION OF CORPORATIONS
19 MAR 18 AM 9:18

D. 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 address)

New Registered Office Address:

_____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

[illegible]

The date of each amendment(s) adoption: 1/4/2019, if other than the date this document was signed.

Effective date if applicable: 1/4/2019

(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 listed as the document's effective date on the Department of State's records.

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

3/14/19

Signature

Dr. D. M. Walker

(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)

Dr. Dorothy M. Walker.

(Typed or printed name of person signing)

President

(Title of person signing)