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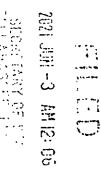
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TO: Amendment Section Division of Corporations

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The NAME OF CORPORATION:	Blueprint Helpi	ng Hand, Inc.			
N190000 DOCUMENT NUMBER:	001484				
The enclosed Articles of Amendment	and fee are sub	omitted for filing.			
Please return all correspondence cond	cerning this mat	ter to the following:			
Julie Lloyd					
	<u>-</u>	(Name of Contact	Person)		
The Blueprint Helping Hand, Inc.					
		(Firm/ Compa	ny)		
9520 Portside Drive					
	•	(Address)			. ,
Fort Pierce, FL 34945					
		(City/ State and Zi	p Code)		,
fflloyd78@gmail.com					
E-mail add	dress: (to be use	d for future annual r	eport no	tification	1)
For further information concerning th	is matter, pleas	e call:			
Julie Lloyd			772		209-0407
(Name o	f Contact Persor			Code)	(Daytime Telephone Number)
Enclosed is a check for the following	amount made p	ayable to the Florida	a Depart	ment of	State:
	5 Filing Fee & ficate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address			Street A	ddress	0.0

Amendment Section

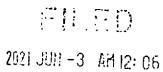
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



The Blueprint Helping Hand Inc.

SEGRETARY OF 11. FALLAMADORES, 51. 1

(Name of Corporation as currently filed with the Flori	da Dept. of State)	
N19000001484		
(Document No	umber of Corporation (if k	nown)
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
	No. 2 F	The new
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	ooration" or "incorporated	d" or the abbreviation "Corp," or "Inc,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		, enter the name of the
	ee address:	
Name of New Registered Agent:		
	ıF.	loridu street address)
New Registered Office Address:		·
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I are		the obligations of the position,
	Signature of New Regist	ered 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 Do Mike Jo Sally Sr	nes	
Type of Action (Check One)	Title		Name	Address
1) Change Add		_	·	
Remove				
2) Change Add		_		
Remove 3) Change Add Remove		-		
4) Change Add		-		
Remove				
5) Change Add		-		
Remove				
6) Change Add		-		
Remove				
E. If amending or addin (attach additional shee			cles, enter change(s) here: (Be specific)	
Article III - The specific p	ourpose fe	or which	this corporation is organized is: To provide for	or the needs of people and animals
			al attention, shelter, clothing, education, and	
them a hand up and find s	tability ir	ı todav's	world.	

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May 15, 2021	
The date of each amendment(s) adoption: date this document was signed. May 15, 2021	, if other than the
Effective date if applicable: May 15, 2021	
Effective date if applicable: (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 v document's effective date on the Department of State's records.	will not be 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 was/were sufficient for approval.	(s)

•

opted by the boar	ers or members entitled to vote on the amendment(s). The amendment(s) was/were rd of directors.
Dated _	May 15, 2021
Signature_	By the chairman fiver chairman of the board, president or other officer-if directors
1	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Julie Lloyd
	(Typed or printed name of person signing)
	President
	(Title of person signing)