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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	T ECONOMIC DEVI	ELOPMENT (	CENTER INCN
N19000001926 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subn			
Please return all correspondence concerning this matte	r to the following:		
CHARLIE WILSON			
	(Name of Contact Per	son)	
	(Firm/ Company)		
415 COCONUT COURT			
	(Address)		
SOUTH BAY, FLORIDA 33430			
	(City/ State and Zip C	ode)	
TARAWILSO1021@GMAIL.COM			
E-mail address: (to be used	for future annual repo	ort notification	1)
For further information concerning this matter, please of	call:		
TARASGELA WILSON	at	561	449-1745
(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida D	epartment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		et Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations		

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

HEAVENLY HEARTS ECONOMIC DEVELOPMENT CENTER, INC.

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
N19000001926	
(Document Nun	nber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida State amendment(s) to its Articles of Incorporation:	ates, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor:	ation;
HEAVENLY HEARTS ECONOMIC EMPOWERMENT C	CENTER, INC. The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRES</u> )	<u>NA</u> <u>S</u> )
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	415 Coconut Court South Bay, Florida
	South Bay, Florida = = 33430 = = = = = = = = = = = = = = = = = = =
D. If amending the registered agent and/or registered of	ffice address in Florida, enter the name of the
new registered agent and/or the new registered office	<u>address:</u>
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere	
Thereby accept the appointment as registered agent. I am,	familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing
	муниште од 1808 годинетой мусти, у спануту

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, na 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. To 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, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add		Doe Sones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	VP	TARASGELA WILSON	832 WEST CANAL ST SOUTH
Add			BELLE GLADE, FLORIDA
Remove			33430
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles. (attach additional sheets, if necessary). (Be	, enter change(s) her e specific)	<u>'e</u> :		
NA				
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	02/28/2019 date of each amendment(s) adoption: . if other
	date of each amendment(s) adoption:, if other this document was signed.
e efo	02/28/2019 ective date if applicable:
	tno more than 90 days after amendment file date)
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ument's effective date on the Department of State's records.
Ado	option of Amendment(s) ( <u>CHECK ONE</u> )
	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 02/28/2019
	Signature Miller Cinia William
	(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)
	TARASGELA WILSON
	(Typed or printed name of person signing)
	VICE-PRESIDENT
	(Title of person signing)