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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	HE HOMELESS INC.		·
N19000005764 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
MARGALIE PEPE			
	(Name of Contact Pers	Son)	
DINING WITH THE HOMELESS INC			
	(Firm/ Company)		
3611 NW 40th Court			
	(Address)		·
LAUDERDALE LAKES, FL 33309			
	(City/ State and Zip Co	ode)	
	_,		,
E-mail address: (to be us	·	rt notificatioi	11)
For further information concerning this matter, plea	se call:		
MARGALIE PEPE)54	534-4901
(Name of Contact Perso	on) (Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida De	epartment of	State:
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status		Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ame Divi	et Address indment Sect sion of Corpo Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

2023 HAR -6 AM 11: 50

ALLAHASSEE FINA of

DINING WITH THE HOMELESS INC.

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

N19000005764

. If amending name, enter the new name of the corpora	ation:	
N/A		The ne
ame must be distinguishable and contain the word "corpor Company" or "Co." may not be used in the name.	ation" or "incorporated"	" or the abbreviation "Corp." or "Inc."
Enter new principal office address, if applicable:	N/A	
Principal office address <u>MUST BE A STREET ADDRESS</u>	<u> </u>	<u> </u>
Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	1373	
		
). If amending the registered agent and/or registered of	fice address in Florida,	enter the name of the
new registered agent and/or the new registered office		
Name of New Registered Agent: N/A		
V no B volutore I (165 c. 1 I I Inner	(Flo	rida street address)
<u>New Registered Office Address:</u> N/A		
	(City)	, Florida (Zip Code)
	(Cay)	(Zip Couc)

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,
nd 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
ield, President, Treasurer, Director would be PTD.
Thanges 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
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: <u>PT</u> X Change John Doe X Remove Mike Jones Sally Smith X Add Type of Action Title **Name** <u>Addres</u>s (Check One) 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 adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

PURPOSE: SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE. RELIGIOUS.

EDUCATIONAL AND SCIENTIFIC PURPOSES INCLUDING FOR SUCH PURPOSES THE MAKING OF

DISTRIBUTION TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATION DESCRIBED UNDER SECT

501 (C)(3) OF THE IRS CODE OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE

• • •		
PUPROSES WITHIN THE M	EANING OF SECTION 501(C)(3) OF THE IRS CODE OR CO	RRESPONDING
SECTION OF ANY FUTURE	FEDERAL TAX CODE OR SHAL BE DISTRIBUTED TO TH	E FEDERAL
GOVERNMENT OR TO A S	TATE OR LOCAL GOVERNMENT FOR A PUBLIC PURPOSI	÷.
<u> </u>		
		
		
<u> </u>		
The date of each amendment date this document was signed	(s) adoption: FEBRUARY 28, 2023	, if other than the
Effective date if applicable:	FEBRUARY 28, 2023	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the	is block does not meet the applicable statutory filing requiremen	ts, 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)

Dated	FEBRUARY 28, 2023
Signatur	
	(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)
	MARGALIE PEPE
	(Typed or printed name of person signing)
	OFFICER
	(Title of person signing)