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COVER LETTER

TO: Amendment Section Division of Corporations Hands of Hope Helps Ministries, Inc. NAME OF CORPORATION: N19000006048 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jeri L. Woody (Name of Contact Person) Law Office of Sam J. Saad III (Firm/ Company) 2670 Airport Road South (Address) Naples, Florida 34112 (City/ State and Zip Code) permonthomas@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (239)362-7892 Permon Thomas (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

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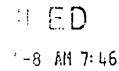
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

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



	01		s aretr
Hands of Hope Helps Ministries, Inc.		TÄLL	
(Name of Corporation as currently filed with the	ne Florida Dept. of State		· · · · · · · · · · · · · · · · · · ·
N19000006048		•	
(Docu	ment Number of Corporat	ion (if known)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida</i>	ı Not For Profit Coi	rporation adopts the following
A. If amending name, enter the new name of th	he corporation:		
name must be distinguishable and contain the wor	.1.0		The new
name must be aistinguishable and contain the wor "Company" or "Co." may not be used in the nan		rporatea or the abi	previation Corp. or inc.
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET).			·
· · · · · · · · · · · · · · · · · · ·			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)		
			···
D. If amending the registered agent and/or reg new registered agent and/or the new registe		Florida, enter the n	ame of the
Name of New Registered Agent:			
New Registered Office Address	ğ.	(Florida street ada	dress)
			, Flo rida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing			
I hereby accept the appointment as registered age	nt. I am familiar with and	l accept the obligation	ons of the position.
			₩ 😽
	Signature of Nev	v Registered Agent,	if changing TO
			y

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	PT John Do V Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u> s
1) Change Add	<u>DS</u>	Shannon Pusey	PO Box 110157 Naples, Florida 39108
xxxx Remove			
2) Change XXXX Add	<u>D</u>	Peggy Welch	533 Paloma Avenue Lehigh Acres, Florida 33974
Remove 3) Change xxxx Add Remove	<u>D</u>	Michael Lee	781 N.W. 39th Avenue Lauderhill, Florida 33311
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or additional sheet	ng additional Art	icles, enter change(s) here: (Be specific)	

				
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		<u>.</u>		
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	* 1 14			
				<u>• </u>
The date of each amendment(s) adop date this document was signed.	tion:	<u>-</u>	· · · · · · · · · · · · · · · · · · ·	, if other than th
Effective date <u>if applicable</u> :	(no mays than 00 a	lana u li un um un den un	t file date)	

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s)

was/were sufficient for approval.

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There are no membadopted by the boa	ners or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.
Dated	4/28/2020
Signatura	Permon Thomas
Signature	By the charifian 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)
	Permon Thomas
	(Typed or printed name of person signing)
	President
	(Title of person signing)