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COVER LETTER

TO: Amendment Section Division of Corporations

Heavenly Hands Foundatio	n Inc.		
300331292373			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submitted	for filing.		
Please return all correspondence concerning this matter to th	e following:		
Hayden Dyer			
(Nam	e of Contact Perso	on)	
Heavenly Hands Foundation			
(1	Firm/ Company)		
2730 Anzio Ct 301			
	(Address)		
Palm Beach Gardens FL 33410			
(City/	State and Zip Co	de)	
haydenddyer@gmail.com			
E-mail address: (to be used for fu	iture annual repor	t notification	
For further information concerning this matter, please call:			
Hayden Dyer	2 at	14	9853968
(Name of Contact Person)		Arca Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made payable	to the Florida De _l	partment of S	itate:
(Ac	3.75 Filing Fee & rtified Copy Iditional copy is closed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

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

Articles of Amendment Articles of Incorporation of

Heavenly Hands Foundation Inc.		
(Name of Corporation as	currently filed with the Florida Dept. of S	<u>state</u>)
300331292373		
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corpo	pration adopts the following
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "co" "Company" or "Co," may not be used in the name.	orporation" or "incorporated" or the abbre	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD	RESS)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO)</u>	<u>X</u>)	
D. If amending the registered agent and/or register new registered agent and/or the new registered of		me of the
Name of New Registered Agent:		JU 22 - 7
New Registered Office Address:	(Florida street addr	
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	I am familiar with and accept the obligation	
	Signature of New Registered Agent, if	cnanging

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>V</u> <u>Mike</u>	a <u>Doe</u> e <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	TR	Christopher Valentino	461 Oriole Ln
Add Add			Jupiter FL 33458
Remove			
2) Change	<u>s</u>	Joshua Tellez	461 Oriole Ln
X Add			Jupiter FL 33458
Remove			<u> </u>
3)Change			22 F
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artication (attach additional sheets, if necessary).	(Re specific)	
(anach adamonal sneets, ij necessary).	(ne specific)	
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	POA ORDA	S: 57
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	date of each amends		, if other than the
ate	this document was sig	ied.	
Effe	ective date <u>if applicat</u>	e:(no more than 90 days after amendment file o	late)
		n this block does not meet the applicable statutory filing request the Department of State's records.	irements, this date will not be listed as the
Ada	option of Amendment	s) (<u>CHECK ONE</u>)	
	The amendment(s) w was/were sufficient for	s/were adopted by the members and the number of votes cast rapproval.	for the amendment(s)
	There are no member adopted by the board	or members entitled to vote on the amendment(s). The amendmenters.	ndment(s) was/were
	Dated	/25/2019	
	h	the chairman or vice chairman of the board, president or other not been selected, by an incorporator – if in the hands of a ner court appointed fiduciary by that fiduciary)	
		Hayden Dyer	57
		(Typed or printed name of person sig	gning) 16
		President	\$55.5 20
		(Title of person signing)	M 5: 25