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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Health, Economic and	d Community Enrichπ	nent Center, I	nc	
	N19000007419				
DOCUMENT NUMBER:			<u> </u>		
The enclosed Articles of Am	endment and fee are subn	nitted for filing.			
Please return all corresponde	ence concerning this matte	r to the following:			
Bernice Peoples					
		(Name of Contact Per	son)		
		(Firm/ Company)			
		(t min Company)			
19046 Bruce B Downs Blvd	Suite145°				
		(Address)			
Tampa, Fl 33647					
		(City/ State and Zip C	ode)		
HECE4U@gmail.com					
E	-mail address: (to be used	for future annual repo	rt notification	n)	
For further information conc	eming this matter, please	call:		I	
Bernice Peeples		at at	813	7280007	
	(Name of Contact Person)) (Area Code)	(Daytime Telephone Num	ber)
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida De	epartment of	State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Centif	0 Filing Fee icate of Status ied Copy tional Copy is used)	
Mailing A Amendme	address nt Section		et Address indment Sect	ion	

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Health, Economic, and Community Enrichment Center, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N19000007419 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: n/a name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. n/a B. Enter new principal office address, if applicable: Ţ (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: n/a (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: n/a Florida (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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, 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>Mil</u>	n Doe te Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	CEOD	Bernice Peoples	19046 Bruce B Downs Blvd
X Add			Suite #145
Remove			Tampa, Fl 33647
2) Change			
Add			
Remove			
3) Change			
Add		_	
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			 ,
Remove			

(attach additional sheets, if necessary). (Be specific)						
n/a						
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		07/05/2019	
	date of each amendment this document was signe		, if other than the
Effe	ctive date <u>if applicable</u>		
		(no more than 90 days after amendment file date)	
		this block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/was/were sufficient for	were adopted by the members and the number of votes cast for the amendment(s) approval.	
	There are no members of adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	09/1 Dated	0/2019	
	Signature	cenairman 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, trustec.; or recourt appointed fiduciary by that fiduciary)	
	C	haunkia Cooper	
	_	(Typed or printed name of person signing)	
	S	VP	
		(Title of person signing)	

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