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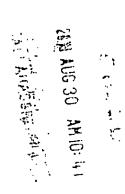
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Corporations NAME OF CORPORATION: HANDS TO LIFE INTERNATIONAL N19000008878 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KumAR LIFE INTERNATIONAL POMPO _ ARVERNKO28416 (2) GMAIL COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐ \$35 Filing Fee □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is

Mailing Address

TO: Amendment Section

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

Enclosed)

Articles of Amendment to

Articles	of Incorporation	
140-100 1	G12 7.5706	magina had
(Name of Corporation as current		20ATIONAL J
		n. or state)
· · · · · · · · · · · · · · · · · · ·	0008878	
(Document Number	er of Corporation (if known)	
ursuant to the provisions of section 617,1006, Florida Statutemendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit</i>	Corporation adopts the following
a. If amending name, enter the new name of the corporati	on:	
	_ a 1 A	ari
ame must be distinguishable and contain the word "corporat	ion" or "incorporated" or the	ي من يوني به يوني المنظم "Carp." من المنظم
Company" or "Co." may not be used in the name.	,	
Enter new principal office address, if applicable:	NA	
Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NP	4.
	·	
2. If amending the registered agent and/or registered offic	andress in Florida enter th	hu namu of the
new registered agent and/or the new registered office a		it hame of the
Name of New Registered Agent:	NA	
Sume by New Megistered rigem.		· · ·
	(Florida stre	at addras i
New Registered Office Address:	17 thetate seec	er duir (38)
		Photo I
	(City)	, Florida (Zip Code)
		•
lew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am far		antique of the position
пологу всесері іне арронишена из гезімегей адені. Тат зап	пина жин ина ассерств отц	ушить од те ромнон.
	onature of New Registered 3 o	ent if chanoine
Si	gnature of New Registered Ag	ent, 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: XChange X Remove X Add	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) <u>//</u> Change	<u>P7</u>	JARVEEN Kun	
Add Remove			12271 LYSTERFIELD CT JARKED DVIlle, EC 32225
2) Change Add	<u>V </u>	NONYC JOC NOUKA	2077 ALFA ROMPO DRIVE JACKSONVIlle, PL
Remove 3) Change Add			JACKSONVIlle, P2 22246
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change			
Add Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Ro engeifie)		
(widen additional sheets, if necessary).	(be specific)		
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The date of each amendment(s) adoption:	8/28	12019	, if c	other than the
late this document was signed. Effective date if applicable:	8/28	12019.		
	no more than 90 day.	s after amendment file	date)	
Note: If the date inserted in this block does document's effective date on the Departmen	• • •	ible statutory filing requ	firements, this date will not be list	ed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were adopted b was/were sufficient for approval.	by the members and t	he number of votes cas	. for the amendment(s)	
☐ There are no members or members ent adopted by the board of directors.	itled to vote on the ar	mendment(s). The ame	ndment(s) was/were	
Dated 8/28	?12019			
Signature 16ss	rear &	Auch		
have not been selec		board, president or oth tor – if in the hands of a iduciary)		
	RIZZN	KumAR	<u></u>	
	(Typed or pri	inted name of person si	gning)	
	P	<u> </u>		
	('	Fitle of person signing)		