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| (Red | questor's Name) |
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| (Add | dress) |
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| PICK-UP | WAIT MAIL |
| (Bu | siness Entity Name) |
| (Do | cument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to I | Filing Officer: |
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| | Office Use Only |



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | Hearts | |
|---|--|-----------|
| 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: | |
| Michael Zeman | | |
| | (Name of Contact Person) | |
| Tribe of Generous Hearts | | |
| | (Firm/ Company) | |
| 14614 Stonebriar Way | | |
| | (Address) | |
| Orlando, FL 32826 | | |
| | (City/ State and Zip Code) | |
| m_d_zɪnn@yahoo.com | | |
| E-mail address: (to be us | ed for future annual report notification) | |
| For further information concerning this matter, plea | e call: | |
| Michael Zeman | 720 3082623 | |
| (Name of Contact Perso | | e Number) |
| Enclosed is a check for the following amount made | payable to the Florida Department of State: | |
| □ \$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Status | ☐S43.75 Filing Fee & ☐S52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) | |
| Mailing Address Amendment Section Division of Corporations | Street Address Amendment Section Division of Corporations | |

P.O. Box 6327

Tallahassee, FL 32314

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

| Tribe of Generous Hearts Inc. | | |
|---|---------------------------------|---|
| (Name of Corporation as currently filed with the Florida | Dept. of State) | |
| N19000012786 | | |
| (Document Num | ber of Corporation (if | known) |
| Pursuant to the provisions of section 617.1006, Florida Statiamendment(s) to its Articles of Incorporation: | ntes, this <i>Florida Not F</i> | For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corpor | ation: | |
| N/A | | The new |
| name must be distinguishable and contain the word "corpo | ration" or "incorporate | |
| "Company" or "Co." may not be used in the name. | | 20 |
| B. Enter new principal office address, if applicable: | N/A | 20 |
| (Principal office address MUST BE A STREET ADDRES | <u>S</u>) | Tr. |
| | | |
| | | -0 |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A | |
| (muting uduress MAT BE AT OST OFFICE BOX) | | ं व |
| | | |
| | | |
| | | |
| D. If amending the registered agent and/or registered of | | a, enter the name of the |
| new registered agent and/or the new registered office | auuress. | |
| Name of New Registered Agent: N/A | · | |
| | | |
| | (| Florida street address) |
| New Registered Office Address: | | |
| N/A | | , Florida N/A |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j | | ot the obligations of the position. |
| | | |
| | | |
| | Signature of New Regi | stered Agent, if changing |

| and address of each Office/Attach additional sheets, Please note the officer/dir P = President; V = Vice P | icer and/or Direct if necessary) rector title by the fi resident; T= Trea. Chief Financial (| irst letter of the office title: surer; S= Secretary: D= Director; TR= Trus Officer. If an officer/director holds more than | tee; C = Chairman or Clerk; CE() = Chief |
|--|--|---|--|
| | ves the corporation | anner. Currently John Doe is listed as the PS n, Sally Smith is named the V and S. These sh SV as an Add. | |
| Example: X Change X Remove X Add | PT John Do V Mike Jo SV Sally Sr | e <u>nes</u> | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change Add | | N/A | |
| Remove 2) Change Add | | <u>N/A</u> | |
| Remove 3) Remove Add Remove | | N/A | |
| 4) Change Add | | N/A | |
| Remove | | | |
| 5) Change Add | | N/A | |
| Remove | | | |
| 6) Change Add | | N/A | |
| E. If amending or adding (attach additional shee | | Page 2 of 4 <u>cles, enter change(s) here</u> : (Be specific) | |
| Article III- The organizati | ion is organized sp | pecifically for charatable, religious, education | al, or scientific purposes under |

Article IX- Dissolution: Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes

within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding secton of any future federal tax

Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

| | deral government, or to a state or local government | |
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| | Page 3 of 4 | |
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| | | |
| The date of each amendment(s) ad date this document was signed. | option: N/A | , if other than the |
| - • • | | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment f | ile date) |
| | | |
| Note: If the date inserted in this blo document's effective date on the De | k does not meet the applicable statutory filing artment of State's records. | requirements, this date will not be listed as the |
| | | |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

| Dated | 01/07/2020 |
|------------|--|
| Signature | Then Atom |
| . . | (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) |
| | Michael D. Zeman |
| | (Typed or printed name of person signing) |
| | President |
| | |