## N20000002047

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Hands for Love.	Inc.		
N20000002047 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this r	matter to the following:		
Elena Diaz de Villegas			
	(Name of Contact Per	son)	
Hands for Love, Inc.			
	(Firm/ Company)		
8480 SW 94 Street			
	(Address)		
Miami, Florida 33156			
	(City/ State and Zip C	ode)	
edv1850@gmail.com			
E-mail address: (to be	used for future annual repo	rt notification	1)
For further information concerning this matter, pl	ease call;		
Elena Diaz de Villegas	at	786	5566420
(Name of Contact Pe		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	de payable to the Florida D	epartment of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of State		Certif Certif	O Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		et Address endment Sect	
Division of Corporations		sion of Corpo	

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

Hands for Love, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N20000002047 (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: 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. B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (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: . Florida (City) (Zip Code) 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

and address of each O (Attach additional shee Please note the officer/	fficer and/or list, if necessary lirector title by President: T= 1 = Chief Final	Director being added: ) v the first letter of the office ! = Treusurer; S= Secretury; L ncial Officer. If an officer/d!	title: D= Director: TR= Trust(	rector being removed and title, name,  ee; C = Chairman or Clerk; CEO = Chief  one title, list the first letter of each office
Changes should be note a change, Mike Jones l Mike Jones, V as Remo	eaves the corp	oration, Sally Smith is named	n Doe is listed as the PS d the V and S. These sho	l and Mike Jones is listed as the V. There is uld be noted as John Doe, PT as a Change.
Example:  X Change X Remove X Add	<u>V</u> <u>N</u>	ohn <u>Doe</u> like Jones ally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change Add Remove		· · · · · · · · · · · · · · · · · · ·		
2) Change Add				
Remove 3) Change Add Remove				
4) Change Add				
Remove				
5) Change Add				
Remove 6) Change Add			·	
Add				
E. If amending or a (attach additional	dding additio sheets, if nece:	nal Articles, enter change(s ssary). (Be specific)	<u>) here</u> :	
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		overnment, for a public purp		

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The date of each amendment(s) ado date this document was signed.	ption:	if other than the
Effective date if applicable:		
<del>- 11</del>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date will no artment of State's records.	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)	

Dated	July 1, 2020
Duted	Deine Nillegas
Signature (	(By the chairman or vice chairman of the bood, 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)
	Elena Diaz de Villegas
	Elena Diaz de Villegas  (Typed or printed name of person signing)