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COVER LETTER

Division of Corporations Christ's Helping Hands Inc NAME OF CORPORATION: N20000004377 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Eva Adam (Name of Contact Person) Christ's Helping Hands Inc. (Firm/ Company) 1726 Les CT (Address) Kissimmee, FL 34744 (City/ State and Zip Code) evanieves61@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sarlin Tejada 407 460-2417 (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address Street Address** Amendment Section Amendment Section

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

TO: Amendment Section

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

Christ's Helping Hands Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N20000004377 (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/Aname 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 MUST BE A STREET ADDRESS) 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) NIA New Registered Office Address: . Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: N/A 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>PT</u> <u>V</u> <u>SV</u> | John Doc Mike Jones Sally Smith | |
|--|------------------------------|---|-------------------------------------|
| Type of Action (Check One) | Title | <u>Name</u> | Address |
| l) Change Add | | NIA | |
| Remove | | | |
| 2) Change Add | | NIA | |
| Remove 3) Change Add Remove | | NIA | |
| 4) Change Add | | NIA | |
| Remove 5) Change Add | | NIA | |
| Remove 6) Change Add | | NIA | |
| Remove E. If amending or addin (attach additional shee) | | onal Articles, enter change(s) here: essary). (Be specific) | |
| Amending Article III to s | tate the fo | ollowing, "NONPROFIT PURPOSE: This corporation | is organized exclusively for |
| charitable, religious, and | eduction | purposes, including, for such purposes, the making of o | distributions to organizations that |
| qualify as exempt organiz | ations un | der section 501(c)(3) of the Internal Revenue Code, or | the corresponding section of any |
| future tax code. SPECIFIC | C PURPO | OSE: This corporation provides community outreach by | giving, contributing, and helping |
| those in need of a helping | hand." | | |

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| dat | a whan this discussion towns signed | |
| The date of each amendment(s) adoption: date this document was signed. | e when his document was signed | , if other than the |
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| Adoption of Amendment(s) (CH | ECK ONE) | |

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 | 8/21/2020 |
|-----------|--|
| Dated | () () () |
| Signature | wa Han |
| (| (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) |
| | Eva Adam |
| | (Typed or printed name of person signing) |