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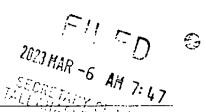
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Helping Hands Cor	nmunity of the Trea	isure Co	ast Inc.		
DOCUMENT NUMBER:	0000004697					
The enclosed Articles of Amend	<i>lment</i> and fee are sub	omitted for filing.				
Please return all correspondence	concerning this mat	ter to the following	:			
Michele Renee Vergho						
		(Name of Contact	Person)		
		(Firm/ Compa	any)			
531 South Easy Street						
		(Address)				
Sebastian, Florida 32958						
		(City/ State and Z	ip Code)		
helpinghandscommunityte@gn	nail.com					
E-mc	il address: (to be use	d for future annual	report n	otification	1)	
For further information concern	ing this matter, pleas	e call:				
Michele Rence Vergho			772 at		4536782	
(Na	me of Contact Person			a Code)	(Daytime Telephone Number))
Enclosed is a check for the folio	wing amount made p	ayable to the Florid	la Depai	tment of	State:	
□ \$35 Filing Fee □	543.75 Filing Fee & Certificate of Status	□\$43.75 Filing For Certified Copy (Additional copy enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Add	ess	! !	Street A	ddress		

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



Helping Hands Community of the Treasure Coast Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)	**************************************
N20000004697	
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida</i> amendment(s) to its Articles of Incorporation:	Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
N/W	_ The new
name must be distinguishable and contain the word "corporation" or "incor "Company" or "Co." may not be used in the name.	porated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	(/K)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	I W
D. If amending the registered agent and/or registered office address in F	lorida, enter the name of the
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	(Florida street address)
	, Florida
(City)	, Florida (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.
N	<i> W</i>
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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	PT John Do V Mike Jo SV Sally Sr	<u>mes</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change Add	CEO P	Michele Renee Vergho	531 South Easy Street Sebastian, Florida 32958
Remove			
2) Change Add	D	Rochelle Popp-Finch	Port Saint Lucie, Florida 34983
Remove Change Add Remove	<u>CEO</u>	Michael J. Anslev	5210 94th Place Sebastian, Florida 32958
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee			
-			
		<u> </u>	

N/W		
	<u></u>	
<u> </u>	- · · · · · · · · · · · · · · · · · · ·	
- 		
		
The date of each amendment(s) adoption: _date this document was signed.	N/W	if other than the
Effective date <u>if applicable</u> : (no	more than 90 days after amendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department	not meet the applicable statutory filing requirements, this date will of State's records.	not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes east for the amendment(s)	

Dated	February 28, 2023
	1 Vizohor
Signatur	(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)
	Michele Rence Vergho
	Michele Rence Vergho
	Michele Rence Vergho

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were