

10/13/2020  
 N20000007110  
 Division of Corporations  
 Electronic Filing Cover Sheet

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 Fax Number : (850)617-6380

From:

Account Name : BRYTEBRIDGE CONSULTING, LLC  
 Account Number : 120200000117  
 Phone : (407)278-1552  
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
 CARING HANDS FOR AFRICA, INC.**

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Corporate Filing Menu

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 20 OCT 13 AM 11:03

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850-617-6381

10/12/2020 1:51:46 PM PAGE 1/001

Fax Server



October 11, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

CARING HANDS FOR AFRICA, INC.  
860 WILLIAMSBURG DRIVE  
TITUSVILLE, FL 32780

SUBJECT: CARING HANDS FOR AFRICA, INC.  
REF: N20000007110

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

FAX Aud. #: H20000334478  
Letter Number: 820A00019940

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Caring Hands for Africa, Inc.

DOCUMENT NUMBER: N20000007110

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Wilhelms

(Name of Contact Person)

Caring Hands for Africa, Inc.

(Firm/ Company)

2181 Oak Circle

(Address)

Mount Dora, FL 32757

(City/ State and Zip Code)

caringhandsforafrica@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Wilhelms

321

307-0266

at

(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:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|--|--|

**Mailing Address**

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

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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DIVISION OF CORPORATIONS  
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Articles of Amendment  
to  
Articles of Incorporation  
of

Caring Hands for Africa, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N2000007110

(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:**

The new 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 MUST BE A STREET ADDRESS)

2181 Oak Circle

Mount Dora, FL 32757

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

2181 Oak Circle

Mount Dora, FL 32757

**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:

2181 Oak Circle

(Florida street address)

New Registered Office Address:

Mount Dora

(City)

Florida 32757

(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

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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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input checked="" type="checkbox"/> Remove	T	James Mutter	860 Williamsburg Drive Titusville, FL 32780
2) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input checked="" type="checkbox"/> Remove	O	Donna Jezowski	860 Williamsburg Drive Titusville, FL 32780
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	O	Lori Haynes	860 Williamsburg Drive Titusville, FL 32780
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	T	Mary Anne Bennett	2181 Oak Circle Mount Dora, FL 32757
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	S	Glen Ervin	2181 Oak Circle Mount Dora, FL 32757
6) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove			

F. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: 09/25/2020, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK 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.

- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 10/13/2020

Signature Karen Wilhelms  
(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)

Karen Wilhelms  
(Typed or printed name of person signing)

President  
(Title of person signing)