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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	etakers. INC.		
N21000010326 DOCUMENT NUMBER:			
The enclosed <i>Articles of Amendment</i> and fee are sub-			
Please return all correspondence concerning this mat	ter to the following:		
William Merrill III			
· · · · · ·	(Name of Contact Pe	rson)	
Helping Hands Caretakers, INC			
	(Firm/ Company	)	
10430 SW 182ND Street			
	(Address)		
Miami, Fl 33157			
	(City/ State and Zip C	Code)	<u></u>
aboveaveragehh@yahoo.com			
E-mail address: (to be use	ed for future annual rep	ort notificatio	n)
For further information concerning this matter, pleas	e call:		
Elaine Davis	at	(786)	
(Name of Contact Perso	n)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida I	Department of	State:
☐ \$35 Filing Fee	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	icate of Status ied Copy tional Copy is
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Am Div	eet Address endment Sect vision of Corp e Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

		of	
HELPING HANDS CARETAKER, INC.			
(Name of Corporation as currently filed with th	e Florida i	Dept. of State)	
N21000010326			
(Docum	nent Numb	per of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:	orida Statut	es, this <i>Florida Not For Profit Corpor</i> d	ation adopts the following
A. If amending name, enter the new name of th	e corpora	tion:	
Helping Hands Caretakers, INC			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		tion" or "incorporated" or the abbrev	
B. Enter new principal office address, if applica	ables	10430 SW 182ND Street	
(Principal office address MUST BE A STREET A		) Miami, Fl 33157	707
			است میر دستم
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	10430 SW 182ND Street	7:
.,		Miami, Fl 33157	3.5
D. If amending the registered agent and/or reginew registered agent and/or the new register			: of the
Name of New Registered Agent;	William	Merrill III	
	10430 SV	V 182nd Street	
N. D. C. LONG (11)		(Florida street address	)
<u>New Registered Office Address:</u>	Miami	1	33157 Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen			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	PT         John Do           V         Mike Jo           SV         Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	PT	William Merrill III	10430 SW 182ND Street Miami, Fl 33157
Remove			
2) Change Add	VP	Elaine Davis	10430 SW 182ND Street Miami,Fl 33157
Remove 3 ) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti	cles, enter change(s) here: (Be specific)	
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N 5 2021	
The date of each amendment(s) adoption: November 5, 2021 date this document was signed.	, if other than the
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	nents, this date will not be listed as the

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 dopted by the board of directors.
Dated November 5, 2021  . i / 1/A A
Signature  (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)
William Merrill III
(Typed or printed name of person signing)
President
(Title of person signing)