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(Re	equestor's Name)	
(Ac	dress)	
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(Cit	ty/State/Zip/Phone	= #)
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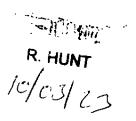
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Help Me Amy Foundation INC.
DOCUMENT NUMBER: N 22 00 000 22 33
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Amy Fernandez (Name of Contact Person)
(Name of Contact Person)
Help Me Amy Foundation Inc.
(Firm/ Company)
3780 Burns Rd Suite 7
1==
Palm Beach Gardens, FL 33410 (City/ State and Zip Code)
(City/ State and Zip Code)
helpmeantine e gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Amy Fernandez 561 - 589 - 9707
Amy Fer Nandez at 561 - 589 - 9707 (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:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certificate of Status (Additional copy is enclosed) S552.50 Filing Fee & Certificate of Status Certified Copy (Additional Copy is 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

Articles of Amendment

to

Articles of Incorporation of

Help Me Amy	Foundation,	INC	
(Name of Corporation as currently filed with the	Florida Dept. of State)		
NZ	L0000022 <i>33</i>		
	nt Number of Corporation (if k	nown)	
Pursuant to the provisions of section 617,1006, Florid amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida Not Fe</i>	or Profit Corporation adopts the	e following
A. If amending name, enter the new name of the o			T1
name must be distinguishable and contain the word	'corporation" or "incorporate	d" or the abbreviation "Corp."	ine new or "Inc."
"Company" or "Co." may not be used in the name.	.1.		
B. Enter new principal office address, if applicable	le: NA		
(Principal office address <u>MUST BE A STREET AD</u>			
			
			_
	,		
C. Enter new mailing address, if applicable: (Mailing address MA)' BE A POST OFFICE B	oxi NA		
(manag address garring) - 1 to get of 1 to a	· · · · · · · · · · · · · · · · · · ·		
		<u> </u>	- 23
			Ø.
			2023 O GL 3 PH 12:
D. If amending the registered agent and/or regist	ered office address in Florida	, enter the name of the	₩ ۲
new registered agent and/or the new registered	1 office address:		<u>:</u> تو
Name of New Registered Agent:	N/A		<u></u>
	•		<u>.</u>
_		Iorida street address)	
New Registered Office Address:	. 1		
	NX	Florida	
-	(City)	Florida (Zip Code)	
	,	•	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered Agent: —I am familiar with and accep	t the obligations of the position.	
, , , , , , , , , , , , , , , , , , , ,	.118		
_	N/A		
	Signature of New Regis	tered Agent, if changing	

P = President; V = Vi	ects, if necessary) r/director title by t ice President; T= 7 FO = Chief Financ	he first letter of the off reasurer; S= Secretar ial Officer. If an office	y: D= Director: TR=	Trustee; C = Chairman or Clerk: CEO = than one title, list the first letter of each o	
	leaves the corpora	ition, Sally Smith is na		he PST and Mike Jones is listed as the V. se should be noted as John Doc, PT as a C	
Example: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>V</u> <u>Mik</u>	<u>i Doc</u> c Jones y Smith			
Type of Action (Check One)	<u>Tille</u> Director	<u>Name</u>		<u>Addres</u> s	
1) Change Add Remove	黟	Nicole	Dalessio	9179 Birmingham Palm BeH Gardens, Fi	Rd 33410
2) Change Add					
Remove 3) Change Add Remove					
4) Change Add					
Remove					=
5) Change Add		-			
Remove					
6) Change Add					
Remove					
E. If amending or a (attach additional	dding additional sheets, if necessary	Articles, enter change t). (Be specific)	(s) here:		
	NIA				

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name,

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	4			
he date of each amendment(s) adop ite this document was signed.	tion: \\/\A			, if other than t
fective date <u>if applicable</u> :	NIK			

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 9/12/23
Signature Hmyx-teneney
(By the chairman or yex 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)
Amy FeRNANde Z
Founder President (Title of person signing)