NAL COCC 3190

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JUL -5 2022 M. SOLOMON

COVER LETTER

TO: Amendment Section Division of Corporations

AME OF CORPORATION: TO HELP OUR WORLD INC
OCUMENT NUMBER: N 22 00000 3190
ne enclosed Articles of Amendment and fee are submitted for filing.
case return all correspondence concerning this matter to the following:
CHRIS CARTER (Name of Contact Person)
(Name of Contact Person)
TO HEIP OUR WORLD TWO (Firm/Company)
(Firm/ Company)
1400 N.E 53RD COURT APT 27
(Constitution)
FORT LAUDERDALE FL 33334 (City/ State and Zip Code)
(City/ State and Zip Code)
CHRISCIE (ARTER Q /AI+00 Com E-mail address: (to be used for future annual report notification)
r further information concerning this matter, please call:
CHRIS CARTER at 321-303-4739 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
closed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Street Address Amendment Section

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 of

TO HELP OUR WOR	LD INC		
(Name of Corporation as currently filed with the Florida			_
N 22 00000 319	0		
	per of Corporation (if know	vn)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For I</i>	Profit Corporation adopts the following	ing
A. If amending name, enter the new name of the corporat	tion:		
N/A		The ne	, ta,
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" (or the abbreviation "Corp." or "Inc.	.,
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	, <i>NA</i>		_
		~ ,+	78.7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	: : : : : : : : : : : : : : : : : : :	72 MAI -
		17	<u>ਦ</u> -
		, ce	 ب
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	ce address in Florida, en ddress:	ter the name of the	بن م
Name of New Registered Agent:	N/A		_
New Registered Office Address:	(Florid	a street address)	_
		, Florida	
	(City)	(Zip Code)	_
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fur	Agent: miliar with and accept the	obligations of the position.	
			_
Sig	gnature of New Registered	l 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: XChange X Remove X Add	PT John D V Mike J SV Sally S	<u>lones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	NA		
Remove			
2) Change Add			
Remove 3) Change Add Remove			#AY 9
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
AMEND AR	TICLE I	I It's PURPO	SE IS A
NON PROFIT	CORP.	ORGANIZED EXCLU	SIVELY FOR
CHAIRITAB	LE AND	EDUCATIONAL PU	RPOSES.INCLUDING
FOR SUCH	PURPOS	ES THE MAKING OF	EDISTRIBUTIONS
		IS THAT DUALIEV A	

ORGANIZATIONS UNDER SECTION SOI(C)(3) OF THE	
INTERNAL REJENUE CODE, OR THE CORRESPONDING SECTION	ıf
OF ANY FUTURE FEDERAL TAX CODE.	
ADD ARTICLE IX: THIS NONPROFIT MUST NOT	
EXPRESSLY EMPOWER THE ORGANIZATION TO ENGRGE	
IN ANY ACTIVITIES OR EXCERCISE ANY POWERS THAT	
ARE NOT IN FURTHERANCE OF IT'S EXEMPT	
PURPOSES.	
ADD ARTICLE X! UPON THE DISSOLUTION OF THE CORP.	
ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE	
EXEMPT PURPOSES WITHIN THE MEANING OF SECTION	
501 (C)(3) OF THE INTERNAL REVENUE CODE, OR THE	
·	
CURRESPONDING SECTION OF ANY FUTURE FEDERAL	. م
TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDER	AZ
GOVERNMENT OR LOCAL OR STATE GOVERNMENT	
FOR A PUBLIC PURPOSE.	
· No	
	. . .
유럽 년 12년 - 12년 12년 - 12년 12년 - 12년	
	,
The date of each amendment(s) adoption: // A	c
Effective date if applicable: (no more than 90 days after amendment file date)	
(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 MAY 3, 2022 Signature MAY 3, 2022
(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)
(Typed or printed name of person signing)
PRESIDENT (Title of person signing)

2022 HAY -9 PH 3: 43