# N22000014349

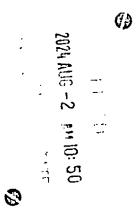
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# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Seniors HelpDesk.	. Inc.		
DOCUMENT NUMBER: N22000014349			
The enclosed Articles of Amendment and fee are su	abmitted for filing.		
Please return all correspondence concerning this ma	itter to the following:		
Mark Monroe			
	(Name of Contact F	'erson)	
Seniors HelpDesk, Inc.			
	(Firm/ Compan	y)	
PO Box 770863			
	(Address)		
Coral Springs, Florida 33077			
	(City/ State and Zip	Code)	
admin@seniorshelpdesk.org			
E-mail address: (to be us	ed for future annual re	port notificati	<b>υπ)</b>
For further information concerning this matter, plea	se call:		
Mark Monroe	a	1 954	391-5676
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida	Department of	of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		is Cert (Add	50 Filing Fee ificate of Status ified Copy ditional Copy is losed)
Mailing Address  Amendment Section		treet Address mendinent Se	
Division of Corporations		ivision of Cor	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### Articles of Amendment to Articles of Incorporation of

Seniors HelpDesk, Inc.				
(Name of Corporation as currently filed with the	ie Florida l	Dept. of State)		
N22000014349				
(Docu	ment 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 Corp</i>	<i>poration</i> adopts	the following
A. If amending name, enter the new name of th	<u>ie corporat</u>	tion:		
Seniors In Distress, Inc.				The new
name must be distinguishable and contain the wor. "Company" or "Co." may not be used in the nam	d "corpora i <u>e</u> .	tion" or "incorporated" or the abb	reviation "Corp	v." or "Inc."
B. Enter new principal office address, if applications	able:	1580 Sawgrass Corporate Parkwa	у	
(Principal office address <u>MUST BE A STREET</u> A		Suite 130		
		Sunrise, Florida 33323		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO Box 770863		202
		Coral Springs, Florida 33077		, AUG
				- N
D. If amending the registered agent and/or reginew registered agent and/or the new register	istered office o	ce address in Florida, enter the na	ime of the	H 10
	Mark Mo	•		
Name of New Registered Agent:				70
	1580 Saw	grass Corporate Parkway, Suite 130	<del></del>	<del></del> -
New Registered Office Address:	:	(Florida street addi	rexs)	
	Sunrise		3332	23
		(City)	_, Florida, (Zip Code)	
Now Designation Agently Simple 16 - Land			' '	
New Registered Agent's Signature, if changing lands hereby accept the appointment as registered agent	Registered at. Lam fai	miliar with and accept the obligation		วท.
-	5i,	grature 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:

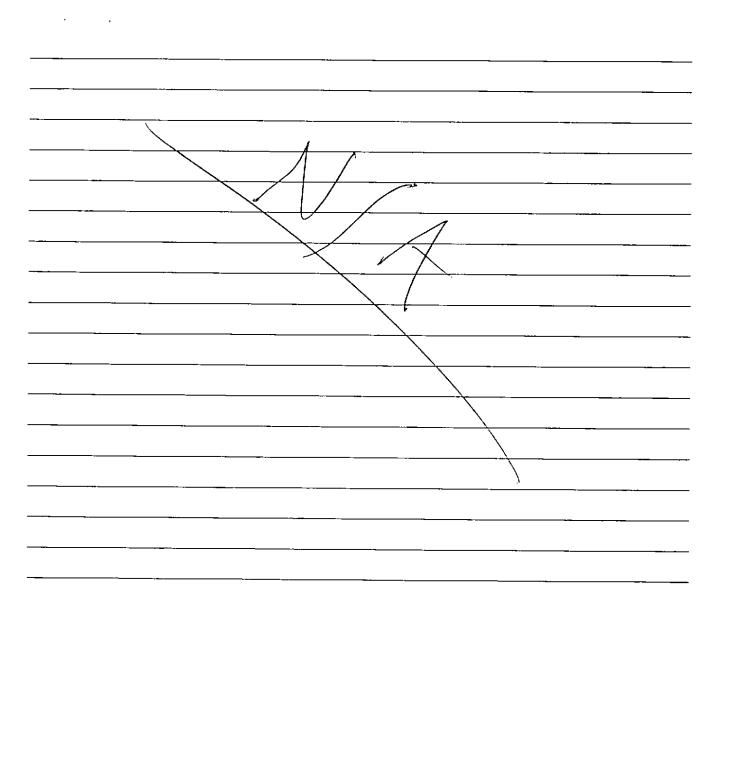
(Attach additional sheets, if necessary)

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 D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
i) Change Add Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove  5) Change Add			
Remove  6) Change Add			
E. If amending or addin (attach additional sheet	g additional Art ts. if necessary).	icles, enter change(s) here: (Be specific)	



The date of each amendment date this document was signed		, if other than the
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 08/01/2024
Signature Mal Monnel
(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)
Mark Monroe
(Typed or printed name of person signing)
President
(Title of person signing)