

N23000004453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

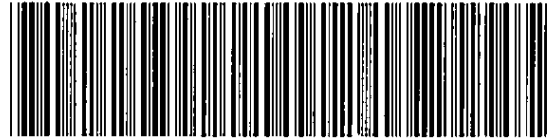
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FILED
2023 OCT 20 AM 11:07
S. J. H. STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE J&N HELPING HANDS INC

DOCUMENT NUMBER: N2300004453

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

Please return all correspondence concerning this matter to the following:

JUDITH CARASCO

Name of Contact Person

Firm/ Company

3338 NW 53RD TERRACE

Address

GAINESVILLE FLORIDA, 32606

City/ State and Zip Code

CARASCOJUDITH@YAHOO.COM

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

For further information concerning this matter, please call:

JUDITH CARASCO

Name of Contact Person

at (352)

214-5656

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☒ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☒ \$52.50 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

The J N Helping Hands INC
(Name of Corporation as currently filed with the Florida Dept. of State)

N2300004453

(Document Number of Corporation (if known))

FILED

2023 OCT 20 AM 11:07

SECRET
FLORIDA STATE
TALLAHASSEE, FL

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:

NA

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)

4869 SW 60th Avenue Ste
104, Ocala FL 34474

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NA

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:

Judith Conasco

3338 NW 53rd Terrace

(Florida street address)

New Registered Office Address:

Gainesville

(City)

Florida 32606

(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.

J Conasco

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:

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Marisa PElham</u>	<u>3585 SW 38th Terrace</u> <u>Unit 103, Ocala FL 34474</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Tourdain Stubbs</u>	<u>3585 SW 38th Terrace</u> <u>Unit 103, Ocala FL 34474</u>
3) <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Priscilla Riddley</u>	<u>3303 NW 83rd St</u> <u>Gainesville FL 32606</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Yolanda Tucker</u>	<u>4869 SW 60th Ave</u> <u>Ste 104, Ocala FL 34474</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

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

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

The Organization was created to:

1) Provide the financial support to those underprivileged dancers that are dreaming of being a part of the Radar Dance Complex Home School Program. Also to those that are already benefiting from the

Program at a discounted price but still struggled to stay enrolled or to make payment because their family can't afford it. Especially the one parent household family.

2) To provide the financial help necessary for Radar Elite Dancers to train, compete around the country and abroad by covering their fees and travel expenses.

3) To financially be able to help our dancers participate and perform in more community activities like: community festival, performing at nursing home, assisted living etc. by covering the expenses required to do so.

4) To be able to provide scholarship to the potential dancers in the community that are lacking the fund to enroll in classes.

5) To provide transportation for dancers that are unable to attend their classes due to limited transportation access or parent not being able to drop them off due to work.

The date of each amendment(s) adoption: _____, 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 10/02/2023

Signature J. Canasco
(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)

Judith Canasco
(Typed or printed name of person signing)

President
(Title of person signing)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2023

JUDITH CARASCO
3338 NW 53RD TERRACE
GAINESVILLE, FL 32606

SUBJECT: THE J&N HELPING HANDS INC
Ref. Number: N23000004453

We have received your document for THE J&N HELPING HANDS INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NONPROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 823A00022527

OCT 20 2023