N2300006946

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COVER LETTER

TO: Amendment Section Division of Corporations

HI HELP	ING HANDS, INC.			
N2300000694	6			
The enclosed Articles of Amendment and	fee are submitted for filing	.		
Please return all correspondence concernin	g this matter to the follow	ing:		
C. J. Klein, Esq.				
	(Name of Con	tact Person)		
Baur & Klein, P.A.				
	(Firm/ Cor	тралу)		
1001 Brickell Bay Drive #2700				
	(Addre	ess)		
Miami, FL 33131				
	(City/ State and	d Zip Code)		202 SE
cklein@worldwidelaw.com				FECULTY THE BEST
E-mail address:	(to be used for future annu	ual report notificatio	n)	-
For further information concerning this ma	tter, please call:			
C. J. Klein		305 at	377-3561	Provide Number T
(Name of Con	tact Person)	(Area Code)	(Daytime Telephor	ne Number)
Enclosed is a check for the following amou	unt made payable to the Flo	orida Department of	State:	
■ \$35 Filing Fee □\$43.75 Fili Certificate		py Certification Certification	0 Filing Fee ficate of Status fied Copy itional Copy is	

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

Enclosed)

Articles of Amendment to Articles of Incorporation of

HI HELPING HANDS, INC.

Name of Corporation as currently filed with the Flo	orida Dept. of State)		
N23000006946			
(Document	Number of Corporation (if ki	nown)	
Pursuant to the provisions of section 617.1006, Florida imendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	r Profit Corporation adopts the	following
. If amending name, enter the new name of the co	rporation:		
			_The new
ame must be distinguishable and contain the word "co Company" or "Co." may not be used in the name.	orporation" or "incorporated	l" or the abbreviation "Corp."	or "Inc."
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADD			
			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	y		
			_
			
). If amending the registered agent and/or registered	ed office address in Florida.	enter the name of the	241
new registered agent and/or the new registered of	office address:		三語
Name of New Registered Agent:			<u> 2절.</u>
			21
	(Fi	orida street address)	17.
New Registered Office Address:			22 <u>- 22 - 2</u>
		, Florida	- !'' 67
	(City)	(Zip Code)	一片
lew Registered Agent's Signature, if changing Reginereby accept the appointment as registered agent.	stered Agent: am familiar with and accept	the obligations of the position.	• *
	·		
	Signature of New Regist	ered 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		Doc : Jones · Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	<u>P</u>	Rich Brady	6800 Legacy Blvd. Melbourne, FL 32940
x Remove 2) Change Add	<u>P</u>	Richard Brady	6800 Legacy Blvd. Melbourne, FL 32940
Remove 3) Remove Add Remove	<u>_</u>		
4) Change Add			SEC 25/23
Remove 5) Change Add			
Remove 6) Change Add			Crotate
E. If amending or add (attach additional sh	ding additional A neets, if necessary,	articles, enter change(s) here:). (Be specific)	

			
			
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			AH 7: 54 OF STATE
			7: C
			, if other than the
The date of each amendment(s) adopt date this document was signed.	ion:		, 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 of document's effective date on the Depart	loes not meet the applicable statutory filing requirenment of State's records.	nents, this date will not	be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes cast for	the amendment(s)	

Dated	June 14, 2023
Signature	
I	(By the chairman of 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)
	Christopher J. Klein
	(Typed or printed name of person signing)
	Incorporator / attorney
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.

SECRETARY OF STATE TALLAHAY SEE, FL