

N23 0000 08160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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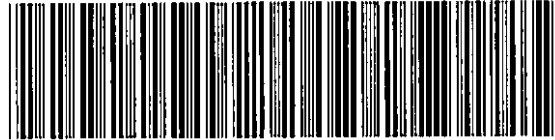
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Handz 4 Millionz

DOCUMENT NUMBER: N23000008160

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

Please return all correspondence concerning this matter to the following:

Latoya Jonas  
(Name of Contact Person)

1  
(Firm/ Company)

320 Ave. U NE Apt. 8  
(Address)

Winter Haven FL 33881  
(City/ State and Zip Code)

Jonas Latoya@handz4million.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Latoya Jonas at 863-557-9469  
(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:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

Handz 4 Millionz Corp  
(Name of Corporation as currently filed with the Florida Dept. of State)

N23000008160  
(Document Number of Corporation (if known))

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:

Handz 4 Millionz inc. 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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

\_\_\_\_\_

(Florida street address)

New Registered Office Address:

\_\_\_\_\_, Florida  
(City) (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.

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>VP</u>	<u>Katherine Morrison</u> <del>Lakavon Everett</del>	<u>586 Hwy 630 E</u> <u>Frostproof FL 33843</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>VP</u>	<u>Lakavon Everett</u> <del>Katherine Morrison</del>	<u>435 Squires Grove Dr.</u> <u>Winter Haven FL 33881</u>
<input checked="" type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Lakendrick Celf</u>	<u>299 Ave T NE Apt 8</u> <u>Winter Haven FL 33881</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Lakendrick Celf</u>	<u>299 Ave T NE Apt 8</u> <u>Winter Haven FL 33881</u>
<input checked="" type="checkbox"/> Add			
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Tyrone Henderson</u>	<u>220 Betty Ave.</u> <u>Dundee FL 33838</u>
<input checked="" type="checkbox"/> Add			
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)

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

*(Attach additional sheets, if necessary). -- (Be specific)*

**ARTICLE III**

The specific purpose for which this corporation is organized is:

This non-profit organization is established for assisting displaced, at risk of homelessness and homeless individuals, veterans, and others with food, transportation, obtaining their Real IDs for the State of Florida, referrals and applications for Florida Department of Children and Family Services, such as Medicaid, Medicare, and Food Stamps, housing, employment, attendance to religious services (as requested by the individuals), substance abuse treatment, mental health and other counseling to help return these individuals to society as contributors to Polk County and Surrounding areas.

**ARTICLE VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title P JONAS, LATOYIA, 320 AVE U NE APT.8, WINTER HAVEN, FL 33881

Title VP Jonás, David, 2214 6th Street NE, Winter Haven, FL 33881

Title Treasurer Lott, Lakendrick, 299 Ave T NE APT.8, Winter Haven, FL 33881

Secretary, Henderson, Tyrone, 220 Betty Avenue, Dundee, FL 33838

FIN 36-4742933

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

2023 JUN 14  
FIN 36-4742933

7/1/2023

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 incorporators, or board of directors without shareholder action and shareholder action was not required.

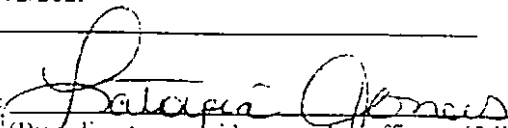
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(voting group)

07/12/2023  
Dated \_\_\_\_\_

Signature:   
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

LATOYIA T. JONAS

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)