## N24 000002509

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Victoria Helping V	eterans Inc			
N24000002569				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are su	bmitted for filing.			•
Please return all correspondence concerning this ma	tter to the following:			
Victoria Davenport				
	(Name of Contact Person	)		
Victoria Helping Veterans Inc				
	(Firm/ Company)	-		
923 Cambridge Ct				
	(Address)			
Kissimmee, FL 34758				
	(City/ State and Zip Code	:)	<u></u>	
victoriahelpingveteransinc@gmail.com				
E-mail address: (to be us	ed for future annual report	notification)		
For further information concerning this matter, plea	se call:			
Victoria Davenport	321 at	4	144-5069	
(Name of Contact Person		ea Code) (	Daytime Telepho	one Number)
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of Sta	ate:	
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certified	te of Status Copy nal Copy is	
Mailing Address	· · · · · · · · · · · · · · · · · · ·	Address	1	

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

FILED

Victoria Helping Veterans Inc  Name of Corporation as currently filed with the Florida Dept. of State)			in the last		
			2024 APR 18	AN 7. 20	
N24000002569				κ_	HI 7: 30
(Docum	ent Number	of Corporation (if	known)	Tall ()	J. J.J.T.E.
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes,	this <i>Florida Not I</i>	For Profit C	orporation adop	ts the following
A. If amending name, enter the new name of the	corporation	<u>1:</u>			
N/a					The nev
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	! ''corporatio	n" or "incorporat	ed" or the a	ibbreviation "Co	rp." or "Inc."
	n	/a			
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.	ble: <i>DDRESS</i> )			<del></del>	
	_			·	· <u>-</u> -
	_	<del>-</del>		· <del></del>	
C. Enter new mailing address, if applicable:	_	n/a			
(Mailing address MAY BE A POST OFFICE)	BOX)				
	_		<u>.</u>	<u> </u>	
D. If amending the registered agent and/or registered agent and/or the new registered.			ia, enter th	e name of the	
Name of New Registered Agent:	N/a	<del></del>			
<u>Name of New Registered Agent.</u>					
			(Florida street	address)	
New Registered Office Address:					
	N/a			, Florida	
		(City)		(Zip Cod	(e)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered A u. I am fami	gent: liar with and acce	pt the oblig	ations of the posi	ition.
<del>-</del>	Sign	nature of New Reg	istered Age	nt, 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 Do V Mike Jo SV Sally Sr	nes		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) × Change Add	<u>P</u>	Anthony Baltmeskis	108 Anzio Drive Kissimmee,FL34758	
Remove				
2) × Change Add	VP	Nathaniel Davenport	407 Boyd St Fountain Inn, SC 29604	
Remove 3) × Change Add Remove	<u>VP</u>	Cynthia Bailey	108 Anzio Drive Kissimmee, FL 34758	
4) Change Add	P/CEO	Victoria J Davenport	923 Cambridge Ct Kissimmee, FL 34758	
Remove				
5) Change × Add	<u>VP</u>	Anthony Baltmeskis	108 Anzio Drive Kissimmee, FL 34758	
Remove				
6) Change Add	<u>CT</u>	Cynthia Baltmeskis	108 Anzio Drive Kissimmee,FL34758	
Remove				
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)		
Adding: Nathaniel Daver	nport Chairmain ac	ddress: 407 Boyd Street. Fountain Inn. SC 29	604	
I had to change the title of the current board members and add myself as the P and CEO.				
			<u> </u>	

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The date of each amendment(s) adoption: n/a	, if other than the	e ;
date this document was signed.	•	
Effective date if applicable:  (no more than 90 days after amendment file date)	<u> </u>	_
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not b document's effective date on the Department of State's records.	e listed as the	
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 04/15/2024
Signature  (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)
Anthony Baltmeskis
(Typed or printed name of person signing)
VP

(Title of person signing)