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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: A PLACE IN MY HEART, INC

DOCUMENT NUMBER: N24000010106

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

Please return all correspondence concerning this matter to the following:

Valencia A Gabriel

(Name of Contact Person)

(Firm/ Company)

16000 PINES BLVD. UNIT S27691

(Address)

PEMBROKE PINES, FL 33082

(City/ State and Zip Code)

deltagurl54@gmail.com

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

For further information concerning this matter, please call:

Valencia A. Gabriel   305   389-3192
                                                                     at
(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:

☐ $35 Filing Fee   ■ $43.75 Filing Fee &   ☐ $43.75 Filing Fee &   ☐ $52.50 Filing Fee
                      Certificate of Status   Certified Copy   Certificate of Status
                                                (Additional copy is   Certified Copy
                                                enclosed)   (Additional Copy is
                                                                          Enclosed)

Mailing Address   **Street Address**
Amendment Section   Amendment Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                             Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

A PLACE IN MY HEART, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N24000010106

(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:

_____*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)

16000 PINES BLVD. UNIT 827691

PEMBROKE PINES, FL 33082

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

16000 PINES BLVD. UNIT 827691

PEMBROKE PINES, FL 33082

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: Valencia A. Gabriel

16000 Pines Blvd UNIT 827691

(Florida street address)

New Registered Office Address:

PEMBROKE PINES , Florida 33082

(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.

Valencia A. Gabriel Nov. 13 2024 21:54 EST

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:
X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) X Change ___ Add ___ Remove	P	VALENCIA A. GABRIEL	16000 PINES BLVD. UNIT 82769 PEMBROKE PINES, FL 33082
2) X Change ___ Add ___ Remove	D	KAREN KELLY	16000 PINES BLVD. UNIT 82769 PEMBROKE PINES, FL 33082 16000 PINES BLVD. UNIT 8276Ⴝ
3) X Change ___ Add ___ Remove	D	ANGELIQUE CLARK	PEMBROKE PINES, FL 33082
4) X Change ___ Add ___ Remove	D	HOPE A. BUCHANAN	16000 PINES BLVD. UNIT 82769 PEMBROKE PINES, FL 330821
5) X Change ___ Add ___ Remove	D	EUGENIO L GANT, JR	16000 PINES BLVD. UNIT 82769 PEMBROKE PINES, FL 33082
6) X Change ___ Add ___ Remove	D	DWANITA FIELDS	16000 PINES BLVD. UNIT 82769 PEMBROKE PINES, FL 33082

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). *(Be specific)*

This amendment filing includes a correction to the spelling of the President's first name

and a corrected typo in the mailing address. There are no amendments to the Articles or Bylaws at this time.

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The date of each amendment(s) adoption: _____ 11-8-24 _____, 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   11/8/24
_____

Signature   **Valencia A Gabriel**
_____
(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)

Valencia A. Gabriel
_____
(Typed or printed name of person signing)

President
_____
(Title of person signing)