## N9500004787

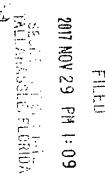
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORROBATION	'S 2 HELP INC.		
DOCUMENT NUMBER:	)4787		,
The enclosed Articles of Amendment	and fee are submitted for	filing.	
Please return all correspondence conce	erning this matter to the fo	llowing:	
MARY L. CONTESSA			
	(Name of	Contact Person)	
MARY L CONTESSA CPA PA			
	(Firm	/ Company)	
13749 49TH ST NORTH			
	(1	Address)	
WEST PALM BEACH, FL 33411			
	(City/ Sta	te and Zip Code)	•
MCONTESSA@DBMSCPA.COM			
E-mail addi	ess: (to be used for future	annual report notification	on)
For further information concerning this	s matter, please call:		
MARY L CONTESSA		561 at	906-3236
(Name of	Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following a	mount made payable to th	se Florida Department of	State:
	5 Filing Fee & \$\Bigsim\$\$ \$\sqrt{\$\sq}}}}}}}}}}} \end{\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$}}}}}}}}} \end{\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\eq}}}}}}}} \end{\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sq}}}}}}}}} \eng}} \end{\sqrt{\$\sqrt{\$\sqrt{\$\sq}}}}}}}}} } \end{\sqrt{\$\sqrt{\$\sq}	d Copy Certional copy is Certional copy is (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address		Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

2017 MOV 29 PM 1: 09

PAWS 2 HELP INC.		
(Name of Corporation as c	urrently filed with the Flo	rida Dept. of State
N95000004787		12
(Document	Number of Corporation (if k	(nown)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
******		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporate	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	·	
	-	<del></del>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(F	lorida street address)
nem togsieren opper maar stag.		
	(Cit.)	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		t the obligations of the position.
	Signature of New Regis	etered 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 <math>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	<u>V</u> <u>Mi</u>	nn <u>Doe</u> ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PD	Sigrid Kumpe	523 Avon Road
Add			West Palm Beach, FL 33401
X Remove			
2) X Change	PD	Mary L. Contessa CPA	13749 49th St. North
Add			West Palm Beach, FL 33411
Remove			
3) Change	TD	Jamie Russo CPA	5369 Garden Hills Circle
XAdd			West Palm Beach, FL 33415
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change	<del></del>		
Add			
Remove			

(attach additional sheets, if necessary).	(Be specific)				
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		November 24, 2017	
	t <b>e of each amendme</b> r s document was signe	• • • • • • • • • • • • • • • • • • • •	, if other than the
Effectiv	e date if applicable	November 24, 2017	
21100111	Tappacasie	(no more than 90 days after amendment file date)	
		this block does not meet the applicable statutory filing requirements, this date will no the Department of State's records.	t be listed as the
Adoptic	on of Amendment(s)	( <u>CHECK ONE</u> )	
	e amendment(s) was/ s/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) approval.	
	ere are no members o opted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Nov Dated	ember 27, 2017	
	Signature	Mass	
	have	ne chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	M	fary L. Contessa	
	_	(Typed or printed name of person signing)	
	Р	resident	
		(Title of person signing)	

. . . . . . .