P84000062527

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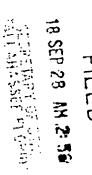
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Connecting Hand	ds In Florida Inc			
DOCUMENT NUME	BER: P04000062527	<u> </u>			
	of Amendment and fee are so	abmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Amanda Loayza				
		Name of Contact Persor	1		
	Connecting Hands In Flori	da Inc			
		Firm/ Company			
	2832 NW 108 Ave				
		Address			
	Sunrise, FL 33322				
•		City/ State and Zip Cod	· ·		
For further information	E-mail address: (to be use a concerning this matter, pleas	sed for future annual report	notification)		
Amanda Loayza		954 at (465-1727		
Name of Contact Person		at (954) 465-1727 Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
	ndment Section sion of Corporations	Amendment Section Division of Corporations			
	Box 6327		Clifton Building		
Talla	ihassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Connecting Hands In Florida, Inc.		
(Name of Corporation as current	ly filed with the Florida Dept. of Sta	ate)
P04000062527		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts th	e following amendment(s) to
A. If amending name, enter the new name of the corporation:		
NA		TI
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation ne	The new or the abbreviation unc must contain the
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		-
		-
		m = m
C. Enter new mailing address, if applicable:	NA	ASS 28 ₽
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	- IVA	
		22 48
D. <u>If amending the registered agent and/or registered office add</u>	ress in Florida, enter the name of th	ie.
new registered agent and/or the new registered office address		_
Name of New Registered Agent	NA ————	
-		
lf lorida st	reet address)	
New Registered Office Address:	, Florid	·
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signatury 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.

X Change	<u>PT</u>	John De	<u> </u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	VP		Jesus Loayza	1550 Pennsylvania Street
x Add				#38
Remove				Denver, CO 80203
2) Change		_		
Add				
Remove				
3) Change	****	_		
Add				
Remove				
4) Change		-		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)	
	NA	
		
		
		
	nange, reclassification, or cancellation of issued shares,	
<pre>provisions for implementing the amer (if not applicable, indicate N/A)</pre>	indment if not contained in the amendment itself:	
(ii) iii) iii) iii) iii) iii) iii) iii)	NA	
	·-··	
	·····	

. . . .

Photography and a second second second	9/18/18	.c
The date of each amendment(s) acdate this document was signed.	toption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date w partment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) efficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	9/13	
Signature	rector, president or other officer – if directors or officers have not been	
-	d, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoint	ted fiduciary by that fiduciary)	
	Amanda Loayza	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	