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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: Hand Demand, Inc.		
DOCUMENT NUMBER: P07000133379		
The enclosed Articles of Amendment and fee are sub	omitted for filing	l ng.
Please return all correspondence concerning this mat	ter to the follow	wing:
Gloria Webb Brooks		
·	Name of Con	ontact Person
Hand Demand, Inc.		
	Firm/ Co	Company
10155 SW 171 Street		
<del></del> :	Addr	dress
Miami, FL 33157		
	City/ State an	and Zip Code
E-mail address: (to be us	ed for future and	nnual report notification)
For further information concerning this matter, pleas	e call:	
Gloria Webb Brooks	at (_	305 790-9138
Name of Contact Person		Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Fl	Florida Department of State:
■ \$35 Filing Fee	□\$43.75 Filir Certified Co (Additional enclosed)	Copy Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

Hand Demand, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P07000133379 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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) 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

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO = held. President, Treasurer Changes should be noted	ind/or D if necess ector titl President = Chief l ; Directo in the forves	rirector be eary) le by the fir t; T= Trea Financial () or would b llowing mo orporation	ing added:  rst letter of the office titlesurer; S= Secretary; D  Officer. If an officer/dit  e PTD.  anner. Currently John L  1, Sally Smith is named to  SV as an Add.	e: = Director; TR= Tr. rector holds more th Doe is listed as the P	irector being removed and title, name, and ustee; C = Chairman or Clerk; CEO = Chief can one title, list the first letter of each office ST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Type of Action	<u>Title</u>	<u> </u>	<u>Name</u>		Address
(Check One)	P		Jonathan I. Brooks		10155 SW 171 Street
1) Change Add X Remove		_			Miami, FL 33157
2) X Change	p	_	Gloria Webb Brooks		10155 SW 171 Street
Add					Miami, FL 33157
3 ) Change Add Remove		_			
4) Change Add Remove					
5) Change Add Remove		_			
6) Change		_			

\_\_ Add

\_\_ Remove

If amending or adding additional Articles, enter change(s)	here:
(Attach additional sheets, if necessary). (Be specific)	
If an amendment provides for an exchange, reclassification	on or cancellation of issued shares
provisions for implementing the amendment if not conta	ined in the amendment itself:
(if not applicable, indicate N/A)	
	<u> </u>

The date of each amendment(s) ad	loption:	, 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 b document's effective date on the De		ole statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add by the shareholders was/were su		umber of votes cast for the amendment(s)
		gh voting groups. The following statement ne separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were	sufficient for approval
by	(voting group)	<u> </u>
-	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors w	rithout shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators witho	ut shareholder action and shareholder
Dated 9-	29-17	
Dated	buallebt &	reaks
(By a d	irector, president or other office	r - if directors or officers have not been
	d, by an incorporator – if in the ted fiduciary by that fiduciary)	hands of a receiver, trustee, or other court
арроні		
	Gloria Wek	6 Brooks
	(Typed or printed na	ame of person signing)
	President	
	(Title of	person signing)