Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : 120060000012 Phone : (305)826-5886

Fax Number : (305)722-0535

COR AMND/RESTATE/CORRECT OR O/D RESIGN

MY ANGEL'S HANDS, INC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Articles of Amendment

·	AL INCIONO DE PRINCIPALITATION			
	to			
A	rticles of Incorporation of			
	O1			
	'S HANDS, INC			
(Name of Corporation as curren	tly filed with the Florida Dept.	of State)	•	
	00048971			
(Document Numb	er of Corporation (if known)			
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this Florida Po	rofit Corporation	adopts the fol	llowin
A. If amending name, enter the new name of	the corporation:			
	,		_ The new	v
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the aname must contain the word "chartered," "profess. Enter new principal office address, if applie (Principal office address MUST BE A STREET	lesignation "Corp," "Inc," or "C essional association," or the abbr cable:	lo". A profession	rated" or the al corporation SECIRETAR SECIRETAR	·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)		FE, FLORIDA	LED
D. If amending the registered agent and/or renew registered agent and/or the new registered	gistered office address in Floride ered office address:	e, enter the name	of the	
Name of New Registered Agent:				
New Registered Office Address:	(Florida street address)			
_		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: ent. I am familiar with and accep	<u> </u>	f the position.	

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)

3057220535

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
VPD	PENALOZA, MARITZA	2835 HOLLYWOOD BLVD STE 100 HOLLYWOOD, FL 33020	
<u>VPD</u>	VIVAS, IRIS	2835 HOLLYWOOD BLVD STE 100 HOLLYWOOD, FL 33020	
	· · · · · · · · · · · · · · · · · · ·		
E. If amen	ding or adding additional Articles, en dditional sheets, if necessary). (Be sp	ter change(s) here:	
	-		
			· · · · · · · · · · · · · · · · · · ·
			
provisi	mendment provides for an exchange, ons for implementing the amendment not applicable, indicate N/A)	reclassification, or cancellation of if not contained in the amendmen	issued shares, t itself:

<i>)</i>	07/97/2000
The date of each amendme Effective date if applicable	(date of adoption is required) 07/27/2009
Elietuve date i <u>i applicable</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) vere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemen led for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated 07/2	1 1/17
(B)	director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)
	ANA ROSALES
	(Typed or printed name of person signing)
	PDT
	(Title of person signing)