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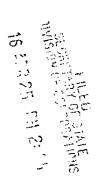
(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Helping HAND FOR A DAY, INC. DOCUMENT NUMBER: P0900063077
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/ Company 501 SW 73 ct Address Wiami + 33144 City/ State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
The Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)
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

A	rticles of Incorpor	ration			
Helpin	g HAND	for	A di	1 A-y	Inc
(Name of Corporation	as currently file	d with the Flo	orida Dept. o	f S tate)	
<i>F</i>	<u> 20900(</u>	<u> </u>	077		
(Docume	nt Number of Corp	oration (if kn	own)		
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	tatutes, this <i>Florid</i>	la Profit Cor _l	<i>poration</i> adop	ts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the cor	oration:	4/4			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ad	"Inc," or "Co".	A profession	r "incorporai al corporatio	ted" or n name	the abbreviation must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	ESS)			***************************************	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX					16 P. R 25
D. If amending the registered agent and/or registere new registered agent and/or the new registered of Name of New Registered Agent		ı Florida, en	er the name	of the	7. 2: 1 2: 1
	(Florida street ad	dress)			
New Registered Office Address:			F	lorida	
New Registered Office Address.	(City)		, , ı	iorida	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		nd accept the	obligations o	f the pos	cition.
Signa	ure of New Registe	ered 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	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	VP MARCIA ROMPRO	16102 SW 73 S
Add Remove		MIAMI Fl. 3319
2) Change		
Add Remove		
3) Change		
Remove		
4)Change		
Add		
5) Change		
Add		
Remove		
6) Change		
Add Remove		

mon diditional street	ts, if necessary). (Be specific)	NA		
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					·
					
			- 12-30 ¹ 1-		
				•	
an amendment pro-	vides for an exchan	ige, reclassificati	on, or cancellation of	issued shares,	
rovisions for implei (if not applicable)	menting the amend; indicate N/A)	ment if not cont	ained in the amendmen	nt itself:	
	,		NA		
			10/11		
					

The date of each amendment(s) adoption: April 15th, 2016, if other than the
date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
(nd 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) (<u>CHECK ONE</u>)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 4 4-15-16
Signature /
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
MANCIA Romero
(Typed or printed name of person signing)
VP

(Title of person signing)