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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations					
NAME OF CORPORATION: Helpers at Home Care, Inc.					
DOCUMENT NUMBER: \$14000065891					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Zeynes Schwegler Name of Contrad Person					
Helpers At Home Care, Inc.					
1300 S. Ocean Blvd, Unit 1808					
Pompany Beach FL 33062 City/ State and Zip Code					
Zena@helperathomecare.com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Zeynep Schwedjer at (347) Z67-0126 Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations					

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

Articles of Incorporation

2021 OCT 18 AH 6: 17 ntly filed with the Florida Dept. of Stary RETARY OF P440000 65 7 9 1 (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: S. Ocean Blud (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 Registerea Office Address: (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

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u> <u>Joh</u>	n Doe		/	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	\	/	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	-\a		
Type of Action (Check One)	Title	<u>Name</u>	$\left(\right) \left(\right)$	<u>Addres</u> s	
1) Change					
Add					
Remove					
2) Change					
Add				<u> </u>	
Remove Change					
Add					
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4) Change		/			
Add		<i>,</i>			
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove				***	

attach additional she	ng additional Articles, enter change(s) here: ets, if necessary). (Be specific)	
		
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an amendment pr	ovides for an exchange, reclassification, or cancellation of issued shares,	
provisions for imple	ementing the amendment if not contained in the amendment itself:	
(if not applicabl	2, indicate N/A)	
	7 / /	

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The date of each amendment(s) adoption: date this document was signed.	10/1/2021	, if other than the
Effective date if applicable:	(no more than 90 days after ame	ndment file date)
Note: If the date inserted in this block does a document's effective date on the Department of		ling requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>Cl</u>	HEÇK ONE)	
The amendment(s) was/were adopted by the action was not required.	e incorporators, or board of director	s without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		s cast for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting		
"The number of votes east for the amo	endment(s) was/were sufficient for a	ıpproval
by		<u>.</u> .
(vo	ting group)	
Signature By a director free selected, by an inc	sident or other/officer – if directors corporator – If in the hands of a rece	or officers have not been iver, trustee, or other court
	y by that fiduciary)	;
<u></u>	Typed or printed name of persons	r/en
<u></u>	esident (Title of person signing)	
	(The or person defining)	