P14000078734

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(Ad	idress)	
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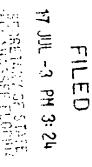


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: UHELPFUND IN	C 			
DOCUMENT NUM	P1.400007873.4				
The enclosed Articles	of Amendment and fee are se	ibmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	Libby Hikind				
	-	Name of Contact Person	n .		
	UHELPFUND INC				
		Firm/ Company			
	4 Hasthampton A				
	Address				
	West Palm Beach/Florida 33	417			
		City/ State and Zip Cod	e		
Libb	y@hikind.com				
	-	sed for future annual report	nutification)		
		· · · · · · · · · · · · · · · · · · ·	,		
For further information	n concerning this matter, plea	se call:			
Libby Hikind		at (347	_) 210-5815		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artiment 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 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 of

UHELPFUND INC		
(Name of Corporation as currently	r filed with the Florida Dept. of	State)
P14000078734		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adop	is the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
UHELP INC		, The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation	ed" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10/11	
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	PA PA PARTIES OF THE Name of	PH 3: 23
new registered agent and/or the new registered office address:		T tile
Name of New Registered Agent	9	
(Florida stye	ret address)	
New Registered Office Address:	P. Fl	orida (Zip Code)
1 '	Cn,7	(Σφ ζοάν)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of	the position.
	NA	
Signature of New Re	egistered 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	<u>PT</u>	John Doe			
X Remove	$\underline{\mathbf{V}}$	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address	
1) Change	<u> </u>				
Add			\triangleright		
Remove					
2) Change			<u> </u>		
Add			/		
Remove					
3 + Change					
Add					<u>-</u>
Remove					
4) Change					
Add					
Remove					_
5) Change		_			
Add					_
Remove					
6) Change					
Add					
Remove					

Attach additional sheets, if necessary). (Be specific)	s) here:
	1
	<u>N </u>
	<u> </u>
	
	
	
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f an amendment provides for an exchange, reclassification	on, or cancellation of issued shares,
provisions for implementing the amendment if not conta (if not applicable, indicate N/A)	tined in the amendment itself:
(у погирунсионе, тикине 1872)	1/12
	N.A
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		1.0	
The date of each amendment(s) ad	option:	NP	, if other than the
date this document was signed.		1	
Effective date <u>if applicable</u> :			
	(no more t	than 90 days after amendment file a	(ate)
Note: If the date inserted in this bidocument's effective date on the De			nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE))	
The amendment(s) was/were ado by the shareholders was/were suf		s. The number of votes cast for the	amendment(s)
☐ The amendment(s) was/were app must be separately provided for		ers through voting groups. <i>The folloided to vote separately on the amend</i>	
"The number of votes cast I	or the amendment(s) wa	as/were sufficient for approval	
by		 ,	
	(voting group)		
☐ The amendment(s) was/were ado action was not required.	pted by the board of dire	ectors without shareholder action a	nd shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporator	rs without shareholder action and sh	areholder
Dated	10/28/17		
Signature	Ida Q		
selected		er officer – if directors or officers ha f in the hands of a receiver, trustee, iciary)	
	Libby Hikind		
	(Typed or pr	inted name of person signing)	· · · · · · · · · · · · · · · · · · ·
	President		
	((Title of person signing)	