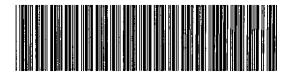
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AMAZIN HANDZ	MENTORING AND HO	MEMAKER COMPANION
DOCUMENT NUMBER: P1400010105		
The enclosed Articles of Amendment and fee are sul		
Please return all correspondence concerning this mat	ter to the following:	
LAWANNA BAKE	R	
AMAZIN HANDZ'S	Name of Contact Person S HOMEMAKER	COMPANION INC.
1746 E. SILVER	Firm/ Company STAR ROAD SU	JITE 335
OCOEE, FL 3476	Address 31	
	City/ State and Zip Cod	e
E-mail address: (to be us	FAITHOUTREA red for future annual report	
For further information concerning this matter, pleas	e call:	
LAWANNA BAKER	at (321	438-1032
Name of Contact Person	Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
S35 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 Compositions	Amend	Address Iment Section on of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

### Articles of Amendment to Articles of Incorporation of

# AMAZIN HANDZ MENTORING AND HOMEMAKER COMPANION INC.

· · · · · · · · · · · ·	
(Name of Corporation as currently filed with the I	Florida Dept. of State)
P14000101056	
(Document Number of Corporation (	if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to

A. If amending name, enter the new name of the corporation:

# AMAZIN HANDZ'S HOMEMAKER COMPANION INC.

\_The \_new · abbreviation

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)

1746 EAST SILVER STAR ROAD SUITE 335

ORLANDO, FL 34761-3461

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1746 EAST SILVER STAR ROAD SUITE 335

ORLANDO, FL 34761-3461

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

LAWANNA BAKER

1746 EAST SILVER ROAD

(Florida street address)

New Registered Office Address:

**ORLANDO** 

Florida\_34761

(City)

(Zip Code)

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.

Lawanna Baker

Digitally signed by Lowerina Telese DK: chalumenta Batter, a. cs.L. emplicionspress 25 Typebro norm, emil Delec 2018.01.21 17:49:01-06701

Signature of New Registered Agent, if changing

Page 1 of 4

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.

X Change	<u>PT</u>	John Doe	,
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	LAWANNA BAKER	1746 EAST SILVER ROAD
Add			ORLANDO, FL 34761
Remove			Ste 335
2) Change	VP	CAMPBELL, LATIPPINEA	1746 EAST SILVER STAR
Add			ORLANDO, FL 34761-3461
Remove			Ste 335
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
<u> </u>	
· · · · · · · · · · · · · · · · · · ·	
an amendment provides for an exci	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate M/4)	
(if not applicable, indicate N/A)	

date this document was signed.	(s) adoption: 12/19/2015	if other than th
Effective date <u>if applicable</u> :	01/01/2015	
	(no more than 90 days after amondment file date)	
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the sharoholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	·
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
_	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated 12/19.	/2015	
Signature C	Lawrence Broker	<del>-</del>
( <b>B</b> y	a director, president or other officer - if directors or officers have not been cted, by an incorporator - if in the hands of a receiver, trustee, or other court	
	pinted fiduciary by that fiduciary)	
	Lawanna Baker	
	(Typed or printed name of person signing)	
	President	

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- - - No. 1735

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