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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: HELPFLORIDA NET INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RAFAEL ALMEIDA FASSARELLA Name of Contact Person HELPFLORIDA NET INC Firm/ Company 728 BERKLEY ST Address **BOCA RATON FL 33487** City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 2448741 Area Code & Daytime Telephone Number RAFAEL ALMEIDA FASSARELLA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filing Fee & □\$52.50 Filing Fee **\$35** Filling Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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HELPFLORIDA NET INC

| (Name of Corporation as currently | filed with the Florida Dept. o | <u>f State</u>) |
|--|-----------------------------------|---|
| P17000000025 | | |
| (Document Number of | Corporation (if known) | 1 |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation: | lorida Profit Corporation adop | ets the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | | <i>Th.</i> |
| 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 | o". A professional corporatio | The new ted" or the abbreviation in name must contain the |
| B. Enter new principal office address, if applicable: | | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | |
| | | |
| | | <u>.</u> |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 728 BERKLEY ST | · |
| | BOCA RATON FL 33487 | |
| | | |
| D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address: | ss in Florida, enter the name o | of the |
| Name of New Registered Agent | | <u>, </u> |
| | | |
| (Florida stre | et address) | |
| New Registered Office Address: | ជ | orida |
| | City) | (Zip Code) |
| | | |
| 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 | f the position. |
| | | |
| Signature of New Re | gistered 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 | <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 | | | | <u>.</u> |
| Add | | | | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | | | |
| Remove | | | | , · |
| | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | 1 |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | 1 |
| | | | | |
| 6) Change | | ······································ | | <u>:</u> |
| Add | | | | <u>. </u> |
| Remove | | | | |

| If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | · |
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| If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | |
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| The date of each amendment(s) adoption: | , if other than the |
|--|--|
| date this document was signed. | |
| Effective date if applicable: | |
| (no more th | an 90 days after amendment file date) |
| Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's record | pplicable statutory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval. | The number of votes cast for the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitle. | |
| "The number of votes cast for the amendment(s) was | /were sufficient for approval |
| by | |
| (voting group) | i |
| ■ The amendment(s) was/were adopted by the board of direct action was not required. | tors without shareholder action and shareholder |
| ☐ The amendment(s) was/were adopted by the incorporators action was not required. | without shareholder action and shareholder |
| Dated 7/26/17 | |
| Signature * Janua Shi | <u>coloduques</u> |
| (By a director, president or other | officer – if directors or officers have not been |
| | in the hands of a receiver, trustee, or other court |
| appointed fiduciary by that fiduc | (ary) |
| x Tania | SILVIC KODYI GUES: |
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| Piesiden | |
| T) | itle of person signing) |