(Red	questor's Name)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HELPFL	ORIDA.NE	T. INC		
DOCUMENT NUMBER: P1700000002				
The enclosed Articles of Amendment and	fee are subr	nitted for filing.		
Please return all correspondence concernir	ng this matte	r to the following:		
Michele Bell				
		Name of Contact Person	n	
Law Offices of Kra	vitz & Guer	τa, P.A		
		Firm/ Company	<u></u>	
801 Brickell Bay D	r. Box 18			
		Address		
Miami, FL 33131				
 		City/ State and Zip Cod	c	
Michele@kravitzlaw.con	n			
		i for future annual report	notification)	
	•	•	,	
For further information concerning this ma	atter, please	call:		
Michele Bell		at (372-0222	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for the following amo	unt made pa	yable to the Florida Depa	urtment of State:	
\$35 Filing Fee	-	☐ \$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			Address	
Amendment Section			Iment Section	
Division of Corporation P.O. Box 6327	S	Division of Corporations		
Tallahassoe, FL 32314		Clifton Building 2661 Executive Center Circle		

Tallehassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HELPFLORIDA.NET, INC

(Name of Corporation	currently filed with the Florida Dept. of State)	
P17000000025		
(Docum	lumber of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Floridates Articles of Incorporation:	ates, this Florida Profit Corporation adopts the following an	nendment(s) t
A. If amending name, enter the new name of the co	ation:	
	Th	e new
	orporation," "company," or "incorporated" or the abbreac," or "Co". A professional corporation name must cont	viation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI	Σ)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	AND 21 AN	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		<u>~</u>
Name of New Registered Agent		
<u> </u>	Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code,)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	ed Agent: familiar with and accept the obligations of the position.	
Sign	of New Registered 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 Do	<u>ıc</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	v		Rafael Almeida Fassarella	1636 SW BILTMORE ST
Add				PORT ST LUCIE, FL 34984
X Remove				
2) Change		_		
Add				
Remove				
3) Change			· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
4) Change				
Add				····
Remove				
5) Change				
Add				·
Remove				
6) Change				
Add				
Remove				

	ding additional Arti sheets, if necessary).	(Be specific)				
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<u> </u>						
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<u> </u>					·	
						
. <u></u>						
		<u> </u>				
	provides for an excl	<u>ıange, reçlassific</u>	cation, or cancel	lation of issued s	hares.	
il an amendment	<u>iplementing the ame</u>	ndment if not co	ontained in the s	mendment itself	<u>:</u>	
provisions for im	able indicate M/A)					
provisions for im	able, indicate N/A)					
provisions for im	able, indicate N/A)					
provisions for im	able, indicate N/A)					
provisions for im	able, indicate N/A)					
provisions for im	able, indicate N/A)					
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provisions for im	able, indicate N/A)					
provisions for im	able, indicate N/A)					
provisions for im	able, indicate N/A)					
provisions for im	able, indicate N/A)					

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	. –	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amend ficient for approval.	lment(s)
☐ The amendment(s) was/were approximust he separately provided for	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(statement s):
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required. The amendment(s) was/were ado	pted by the board of directors without shareholder action and sha	
action was not required.		
August 16, Dated	2016	
Signature	AP/	
(By a di	rector, residen or other officer - if directors or officers have n	ot been
	by an incorporator - if in the hands of a receiver, trustee, or ot ed fiduciary by that fiduciary)	ner court
·	Rafael Almeida Fassarella	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	