P21000028765

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	Benevolent Hands RATION:						
DOCUMENT NUMI	P12000028765 BER:						
	of Amendment and fee are su	bmitted for filing.	 				
	spondence concerning this ma	_					
		itel to the following.					
	Kerrian Watson						
	Benevolent Hands	Name of Contact Persor	1				
	5540 Washinton St	Firm/ Company					
	Hollywood, FL 33021	Address					
		City/ State and Zip Code	2				
	BENEVOLENTHANDS2021	@GMAILCOM					
	E-mail address: (to be us	sed for future annual report	notification)				
For further informatio	n concerning this matter, pleas	se call:					
KERRIAN WATSON		954	997-5583				
Name o	of Contact Person	at (at Co	de & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



BENEVOLENT HANDS INC 2021 OCT 21 PM 5: 18 (Name of Corporation as currently filed with the Florida Dept. of State) SEURET P1200028765 孙门 (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: N/A 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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 in Florida, enter the name of the new registered agent and/or the new registered office address: KERRIAN P. WATSON Name of New Registered Agent 5540 Washington St (Florida street address) 33021 HOLLYWOOD _, Florida New Registered Office Address: (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.

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; <math>CF(C) = 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 De	oe	
X Remove	<u> </u>	Mike Jo		
X Add	<u>SV</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	l' 		KERRIAN WATSON	5540 Washington St, HOLLY WOONFIL, 33021
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
51 Change		_ 		
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary). N/A	icles, enter change((Be specific)	(s) here:		
				
				
				
			_	
		•••		
F. If an amendment provides for an excl	hange, reclassificat	ion, or cancellatio	on of issued share:	s.
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not cont	ained in the amer	ndment itself:	
N/A				
13.1				
******		<u></u>		1.202
		=		

N/A

The date of each amendment(s) add	ption:	, if other than the
date this document was signed 08/06/	2021	
Effective date if applicable:	(no more than 90 days after amendment file de	
	(no more than 90 days after amendment file de	H¢)
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requiremartment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without shar	eholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the alicient for approval.	amendment(s)
	oved by the shareholders through voting groups. The follouch voting group entitled to vote separately on the amenda	
	r the amendment(s) was/were sufficient for approval	
by	rvoling group i	
	tvo, ing group i	
Dated <u>VC- 15</u> Signature	Ku Tanana	
(By a dire selected,	ctor, president or other officer – if directors or officers has by an incorporator – if in the hands of a receiver, trustee, of I fiduciary by that fiduciary)	
_	(Typed or printed name of person signing)	<u> </u>
·	President	
	(Title of person signing)	