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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Hiring Healthcare	Heroes, Inc.		
DOCUMENT NUM	1BER:	34 ECCCCC 118		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	David Rossner			
	Name of Contact Person			
	Hiring Healthcare Heroes, Inc.			
	Firm/ Company			
	7545 NW 3rd Street			
	Address			
	Plantation, FL 33317			
	City/ State and Zip Code			
	davidrossner@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, plea	se call:		
David Rossner		954- at (591-1725	
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
<u>M</u>	ailing Address	Street	Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassec. FL 32303

Rec. 124

Articles of Amendment to Articles of Incorporation of

	(of _
Hiring Healthcare Heroes, Inc.		
(Name o	f Corporation as curren	itly filed with the Florida Dept. of State)
99-058-1708		2024 OCT - 7 AH 2: 35
	(Document Number	of Corporation (if known) Grant TALLAN ACCES, FI
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
N.A.		The new
	Torp. " "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:		N.A.
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N.A.
(Mulling duaress MAT BE A POST)	OF FICE BOX	
	4,	
D. If amending the registered agent an	d/or registered office ad	dress in Florida, enter the name of the
new registered agent and/or the new		
Name of New Registered Agent	N.A.	
	(Florida :	street address)
New Registered Office Address:		, Florida
A Register Office Hadress.		(City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Age ered avent. I am familia	nt: r with and accept the obligations of the position.
The state of the s		socop. are ovaganosa 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; 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	СТО	Benjamin Rossner	7545 N.W. 3rd Street
Add			Plantation, FL 33317
X Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	. <u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
N.A.			<u> </u>	
.				
	-		<u> </u>	
		_		
		_		
			- -	
		<u> </u>		<u> </u>
<u> </u>				
				
.				
F. If an amendment provides for an o	exchange, reclassifica	tion, or cancellation	of issued shares,	
provisions for implementing the s (if not applicable, indicate N/A	<u>imendment if not con</u>	itained in the amend	lment itself:	
N.A.	,			
N.A.				
				
				
	 			
				 .
		=-=		-

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The date of each amendment(s) ad	N.A. option:	, if other than the
date this document was signed.		
N.A. Effective date <u>if applicable</u> :		
Enective date <u>ir applicable</u> .	(no more than 90 days after amendment file o	late)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requires partment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without sha	archolder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes east for the ficient for approval.	e amendment(s)
	oved by the shareholders through voting groups. The foll each voting group entitled to vote separately on the amend	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by N.A.	.,,	
	(voting group)	
selected	ector, president or other officer – if directors or officers h, by an incorporator – if in the hands of a receiver, trustee ed fiduciary by that fiduciary) David Rossner	
	(Typed or printed name of person signing) CEO	
	(Title of person signing)	