

P24000006860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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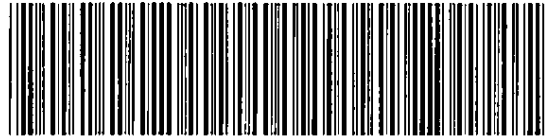
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Four Hands, Corp.

DOCUMENT NUMBER: P24000006860 / EIN 99-3450250

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marion Del Rosario Freeman
Name of Contact Person
Four Hands, Corp.
Firm/ Company
555 Autumn Stream Drive
Address
Auburndale - Florida- 33823
City/ State and Zip Code
fourhandsco22@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marion Del Rosario Freeman at (407) 3769575
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

Four Hands, Corp.

(Name of Corporation as currently filed with the Florida Dept. of State)

P24000006860 / EIN 99-3450250

(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

The new 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)

555 Autumn Stream Drive, Auburndale - FL 33823

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

555 Autumn Stream Drive, Auburndale - FL 33823

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 Marion Del Rosario Freeman

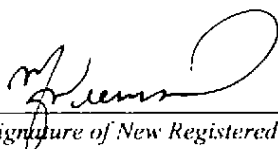
555 Autumn Stream Drive

(Florida street address)

New Registered Office Address: Auburndale, Florida 33823
(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) (c), 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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|---|--------|----------------------------|--------------|
| 1) <input checked="" type="checkbox"/> Change | P. CEO | Marion Del Rosario Freeman | SAME ADDRESS |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 2) <input checked="" type="checkbox"/> Change | VP | Gloria G. Salinas Garcia | SAME ADDRESS |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 3) <input checked="" type="checkbox"/> Change | Sup | Jorge Girano Sandoval | SAME ADDRESS |
| <input type="checkbox"/> Add | | | |
| <input checked="" type="checkbox"/> Remove | | | |
| 4) <input checked="" type="checkbox"/> Change | SUP | Juan H. Picon Garcia | SAME ADDRESS |
| <input type="checkbox"/> Add | | | |
| <input checked="" type="checkbox"/> Remove | | | |
| 5) <input checked="" type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input checked="" type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

F. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

Article I: The name of the corporation is: Four Hands Corp.

Article II: The principal place of the business address: 555 Autumn Stream Drive, Auburndale - FL 33823

The mailing address of the corporation is: 555 Autumn Stream Drive, Auburndale - FL 33823

Article III: For any and Lawful purposes for which a corporation may be organized in this state, such as, remodeling, painting

Article IV: The number of shares the corporation is authorized to issue is: 1

Article V: The name and Florida street address of the registration agent is: Same as above

I certify that I am familiar with and accept the responsibilities of register agent.

Registered Agent Signature: Marion Del Rosario Freeman

Article VI: The name and address of the incorporation is: Marion Del Rosario Freeman, 555 Autumn Stream Drive, Auburndale

Electronic Signature of Incorporator: Marion Del Rosario Freeman

Article VII: Title: P. CEO Marion Del Rosario Freeman; VP Gloria G. Salinas Garcia.

Article VIII: The effective date for this corporation shall be: 01/20/2024

F. 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)

N/A

08/14/2024

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

08/15/2024

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by Marion Del Rosario Freeman: Gloridà G. Salinas Garcia

(voting group)"

08/14/2024

Dated _____

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Marion Del Rosario Freeman

(Typed or printed name of person signing)

President, CEO

(Title of person signing)