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## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: H3 - HEARTS FOR HAITIAN HUMANITY INC S
DOCUMENT NUMBER: <u>\$\frac{1}{2}N\frac{1}{2}\frac{1}{2}N\frac{1}{2}\frac{1}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frace{1}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frace</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ELENA PATHAK
(Name of Contact Person)
(Firm/ Company)
411 AVALON BIND.
(Address)
OR LANDO, FL 32806
ORLANDO, FL 32006 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
EVENA PANAK at 457-690-8358 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certificate of Status  Certificate of Status  (Additional copy is Enclosed)

## Mailing Address

TO: Amendment Section

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

## **Street Address**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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	Articles of Amen	idment	65	
to				
• • - • • •	Articles of Incorp	oration	7	
H3-He	Arts Fo	or HaitiM HU	MAnity,	
(Name of Corporation as	currently filed w	ith the Florida Dept. of State)	<del></del>	
· //	15000	ハハフススフ		
(Documen	t Number of Corpo	oration (if known)		
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Floi</i>	rida Not For Profit Corporation	adopts the following	
A. If amending name, enter the new name of the co	rporațion:			
11/4			<i>TL</i>	
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "i	ncorporated" or the abbreviation	The new n "Corp." or "Inc."	
	11/2	,		
B. Enter new principal office address, if applicables (Principal office address MUST BE A STREET ADD				
2 - Morphi Syjino addi ess <u>Stoot Bari Bari Barings</u>				
C. Enter new mailing address, if applicable:	V NIA			
(Mailing address <u>MAY BE A POST OFFICE BO)</u>	70 14 L	·	- <del></del>	
			<u> </u>	
D. If amending the registered agent and/or register	ed office address	<u>in Florida, enter the name of t</u>	<u>he</u>	
new registered agent and/or the new registered of	office address:			
Name of New Registered Agent:	NA			
	•			
		(Florida street address)		
New Registered Office Address:				
		, Floric	da	
	(City)	, (Zip	Code)	
New Registered Agent's Signature is shoughed Deci	istanad Amarts			
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent.	I am familiar with	and accept the obligations of the	e position.	
, , , , , , , , , , , , , , , , , , , ,		and the second of the	4	
<del></del>	Signature of	New Registered Agent, if changi	 ino	
	-g	Hopotorou zigom, ij changi	· '6	

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 X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u> </u>	ELENA PATHAK	411 AVALON BLVD, ORLANDO, FL 32806
2) Change Add Remove	<u>v\$</u>	LADAJAH RENE	P.O. BOX 180515 CASSELBORPY, FL 32718- 0515
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or addin (attach additional shee	e <mark>g additional A</mark> ets, if necessary) N/A							
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The date of each amendment(s) ado date this document was signed.	ption: 9/2/2016	, if other than the
Effective date <u>if applicable</u> :	9/2/2016 (no more than 90 days after amendment file day	te)
Note: If the date inserted in this block document's effective date on the Department.	c does not meet the applicable statutory filing require artment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast fo	or the amendment(s)
There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amends	ment(s) was/were
Dated	2/2016	
Signature	en Parts	
have not been	an or vice chairman of the board, president or other eselected, by an incorporator – if in the hands of a repointed fiduciary by that fiduciary)	
£I	(Typed or printed name of person signing	ng)
	Standard VICE (Title of person signing)	E PRESIDENT