

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FACE_OF_HOPE FOUNDATION, INC.

DOCUMENT NUMBER: N10000001586

The enclosed *Articles of Amendment* and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

EVELYN GORE
(Name of Contact Person)

FACE_OF_HOPE FOUNDATION, INC
(Firm/ Company)

13600 Tamiami Trail
(Address)

North Port , FL 34287
(City/ State and Zip Code)

faceofhope211@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EVELYN GORE at 941 257-8495
(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:

- \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Face_of_Hope Foundation Inc.

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

N10000001586

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

13600 Tamiami Trail

North Port, FL 34287

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13600 Tamiami Trail

North Port, FL 34287

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: N/A

(Florida street address)

New Registered Office Address:

_____, Florida _____
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 AUG 17 PM 4:39

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	SEE ATTACHMENT	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

ATTACHMENT TO ARTICLES OF AMENDMENT
and INCORPORATION #N10000001586

Title CEO
GORE, EVELYN
4270 Vicenza Drive
Suite A
VENICE, FL 34293 US

___ ADD, ___x___ REMOVE as president, only CEO

Ineligible to vote

Title President
DEWITH, MYANE, DR
6001 North Larkspur Way
Beverly Hills, FL 34465

___x___ ADD, ___ REMOVE

Title Vice President
MCCLELAND, LYNETTE E
4730 Heron drive
Venice, FL 34293 US

___x___ ADD, ___ REMOVE add as vice president

Title Chairman
MORGULIS, MIKHAIL, DR.
12362 Hernando Rd
North Port, FL 34287 US

___x___ ADD, ___ REMOVE revised position

Title Secretary
SUNDAY, PATRICIA A, DR.
P.O.Box 5411
Tallahassee, FL 32314 US

___ ADD, ___ REMOVE

Title Chairmen
GLOVER, KOFI R, DR.

15003 Morning Drive
Lutz, FL 33549 US

ADD , REMOVE revised position

Title CFO
JOHNSON , ERIC
3019 45 Avenue East
Bradenton, FL 34203 US

ADD , REMOVE

Title Treasurer
BARBITO , KARIN
4365 State Road 776
Venice, FL 34293 US

ADD , REMOVE revised position

Title Clinical Consultant
SHAMSIEV , ERKIN , DR.
400 Monza Avenue
North Port , FL 34287 US

ADD , REMOVE

Title Officer
MARLOW , JEFF
24000 Rampart BLVD
Port Charlotte, FL 33980 US

ADD , REMOVE

Title COO
FAZLOVIC , KARMELITTA
4499 Hamwood Street
North Port, FL 34287 US

ADD , REMOVE

Title Asst. Secretary
MUNHOLAND , LEE ANN
1778 Raywood Avenue
North Port, FL 34286 US

ADD , REMOVE

Title Asst. Treasurer
JOYCE , SUSAN C
6331 Reisterstown Rd
North Port, FL 34291 US

ADD , REMOVE

Title Member
WINTER , ALBERTHA N
1707 Be lHarbour Drive
Venice, FL 34293 US

ADD , REMOVE

Title Member
OLDS , ESTHER A
166 Venice East Blvd
Venice, FL 34293 US

ADD , REMOVE

Title Member
SIVAK , IRINA K
8716 Trionfo Avenue
North Port , FL 34287 US

ADD , REMOVE

Title Member
LONGBRAKE , SOPHIA T
8794 Cristobal Avenue
North Port, FL 34287 US

ADD , REMOVE

Title Member
GUBICH , ZINA , DR.
500 Monza drive
North Port, FL 34287 US

ADD , REMOVE

Title Member
CUPPLES , GALINA
4418 Corso Venetia
A
Venice, FL 34293 US

ADD , REMOVE

08/13/2015

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

08/13/2015

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.

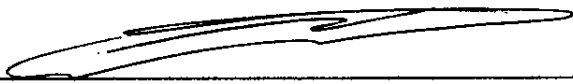
Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

08/13/2015

Dated _____

Signature _____



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

EVELYN GORE

(Typed or printed name of person signing)

CEO

(Title of person signing)