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2021 OCT 18 AM 11: 30

A. RAMSEY 0CT 28 2021

COVER LETTER

TO: Amendment Section Division of Corporations

ANGEL OF HOPE M NAME OF CORPORATION:	1EMORIAL GARDEN, 1	ГАМРА В	AY, INC.
N0600000904			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subn	nitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
Gwen E. Walkowiak, Esquire			
	(Name of Contact Person	1)	
DHW Law, P.A.			
	(Firm/ Company)		
24714 State Road 54			
	(Address)		
Lutz, FL 33559			
	(City/ State and Zip Cod	e)	
gwenw@dhwpalaw.com			
E-mail address: (to be used	for future annual report	notification	1)
For further information concerning this matter, please	call:		
Gwen E. Walkowiak	81 at	3	962-3176
(Name of Contact Person		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Dep	artment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing Address	Street	Address	
Amendment Section Division of Corporations		dment Sect	

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
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

ANGEL OF HOPE MEMORIAL GARDEN, TAMPA I	BAY, INC.	2021 OCT 18 AM 11: 30
(Name of Corporation as currently filed with the Flor	rida Dept. of State)	Section 10 Million
N06000000904		GERARY OF STATE
(Document N	Number of Corporation (i	f known)
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not</i>	For Profit Corporation adopts the followin
A. If amending name, enter the new name of the corp	poration:	
N/A		The nev
name must be distinguishable and contain the word "cor" (Company" or "Co." may not be used in the name.	poration" or "incorpora	
B. Enter new principal office address, if applicable:	24714 STATE RO	OAD 54
(Principal office address MUST BE A STREET ADDR	LUTZ, FL 33559	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		da, enter the name of the
	en E. Walkowiak, Esquire	c
	14 State Road 54	- "
New Registered Office Address:		(Florida street address)
Lutz		33559
	(City)	Florida 333.79 (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I d	tered Agent: am familiar with and acc	ept the obligations of the position.

Signature of New Registered Agent, if changing

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; CF() = 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 A Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	D	JULIE K. LEYDE	510 OLD GROVE DRIVE LUTZ, FL 33548
× Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
		onal Articles, enter change(s) here: essary). (Be specific)	
N/A			

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		<u> </u>		 _
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			<u> </u>	
				-
	-			
			_	_ - -
			-	
				
				
				
The date of each amendment	s) adoption:			, if other the
date this document was signed.				
Effective date if applicable:	10/15/2021			
emective date if applicable:	(no more than 90 days afte	r amendment file date)		
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable s e Department of State's records.		nts, this date will r	not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
☐ The amendment(s) was/w	ere adopted by the members and the m	umber of votes east for th	e amendment(s)	

1	0/15/2021
Dated _	- 77
Signature _	Suralle
	y the chairman or vice chairman of the board, president or other officer-if directors
h	ave not been selected, by an incorporator - if in the hands of a receiver, trustee, or
o	ther court appointed fiduciary by that fiduciary)
	Gwen E. Walkowiak
	(Typed or printed name of person signing)
	Director

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were