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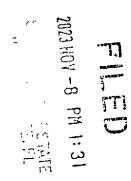
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
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(Bu	siness Entity Name)	
(Do	cument Number)	
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A. BUTLER DEC - 4 2023

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Pillars of Hope, Inc.			
DOCUMENT NUMBER:	N07000001024			
The enclosed Articles of Am	nendment and fee are sub	mitted for filing.		
Please return all corresponde				
·	siec concerning this man	er to the following.		
Emma Shipman				
		(Name of Contact P	erson)	
		(Firm/ Compan	v)	
		(Thir compan	,,	
6665 Cabello Drive				
		(Address)	·	
Jacksonville, Fl. 32226				
<u> </u>		(City/ State and Zip	Code)	
ejshipman@msn.com				
E	-mail address: (to be used	d for future annual re	port notificatio	n)
For further information conc	erning this matter, please	e call:		
Emma Shipman		at	904	451-0999
	(Name of Contact Persor		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made p	ayable to the Florida	Department of	State:
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee ficate of Status fied Copy itional Copy is osed)

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

Pillars of Hope, Inc.

FILED

Name of Corporation as currently filed with the Flor	rida Dept. of State)	2023 NOV 0 -
N07000001024		2023 NOV -8 PM 1:3
(Document N	Number of Corporation (if known	
Pursuant to the provisions of section 617.1006. Florida Samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Pro	ofit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:	
E137, Inc.		The new
name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or	the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>(ESS</u>)	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
	<u> </u>	
D. If amending the registered agent and/or registere	d office address in Florida, entr	er the name of the
new registered agent and/or the new registered of		or the name of the
Name of New Registered Agent:		
No. 2 Descriptions of Officer Addresses	(Florida	street address)
<u>New Registered Office Address:</u> N/A		
<u></u>	(Citv)	, Florida (Zip Code)
	•	· ,
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. It	tered Agent: am familiar with and accept 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; 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	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			<u> </u>
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			<u></u>
	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	
N/A			
			<u> </u>
			_

The date of each amendment(s) at date this document was signed.	doption:, if other th
Effective date if applicable	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	ock does not meet the applicable statutory filing requirements, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)
·	adopted by the members and the number of votes cast for the amendment(s)
	GODING BY THE MEMBER 2NG THE HUMBEL OF VOICE CASE FOR THE AMERICAN CHIEF.

There are no memadopted by the bo	abers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.
Dated	November 6, 2023
	L 10:
Signature	amma anoman
J	(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)
	Emma Shipman
	(Typed or printed name of person signing)

President

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Pillars of Hope, Inc.			
	N07000001024			
DOCUMENT NUMBER:	<u> </u>			
The enclosed Articles of Am	nendment and fee are sub	nitted for filing.		
Please return all corresponde	ence concerning this matte	er to the following:		
Emma Shipman				
		(Name of Contact Pe	rson)	
	· · · · · · · · · · · · · · · · · · ·	(Firm/ Company)	
6665 Cabello Drive				
		(Address)		
Jacksonville, FL 32226				
		(City/ State and Zip (Code)	
ejshipman@msn.com				
Е	-mail address: (to be used	for future annual rep	ort notification	n)
For further information cond	cerning this matter, please	call:		
Emma Shipman		at	904	451-0999
	(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	following amount made p	ayable to the Florida I	Department of	State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status		Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailine 4	t ddunar	Ç4.	oot Addross	

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

Pillars of Hope, Inc.

FILED

(Name of Corporation as currently filed with the Flo N07000001024	orida Dept. of State)	2023 NOY -8 PM 1:5
(Document	Number of Corporation (if known)	\$40,
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit	t Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
name must be distinguishable and contain the word "c	orporation" or "incorporated" or th	The new e abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable	. N/A	
(Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	y) N/A	
(Mulling duaress MAT BE A FOST OFFICE BO.	<u> </u>	
D. If amending the registered agent and/or register		t <u>he name of the</u>
new registered agent and/or the new registered of N/		
Name of New Registered Agent:		
Now Projectored Office Address:	(Florida str	eet address)
<u>New Registered Office Address</u> : N/	'A	
<u></u>	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obt	ligations of the position.
	Signature of New Registered As	gent, 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; 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.

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Example: X_Change X_Remove X_Add	PT John D V Mike John S SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet	ng additional Ar ets, if necessary).	ticles, enter change(s) here: (Be specific)	
NA			
	· · · · · · · · · · · · · · · · · · ·		
			

•	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	November 6, 2023
	Dated 4
	10 :
	Signature Jamma Sman
	(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)
	Emma Shipman

President

(Typed or printed name of person signing)