

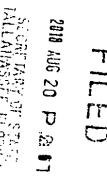
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COVER LETTER

TO: Amendment Section **Division of Corporations**

Eternal H	Hope Society Foundation Inc.	
N100000032	88	
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and	fee are submitted for filing.	
Please return all correspondence concernir	g this matter to the following:	
Joselito & Chantal Desir		
	(Name of Contact Person)	<u>-</u>
	(Firm/ Company)	
1200 SW 3rd Street		
	(Address)	
Pompano Beach, Florida 33069		
	(City/ State and Zip Code)	
des607@ol.com		
E-mail address	(to be used for future annual report notification)	·
For further information concerning this ma	tter, please call:	
Chantal Desir	954 980-3283	
(Name of Cor		Number)
Enclosed is a check for the following amo	int made payable to the Florida Department of State:	
~	ling Fee & S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address	Street Address	

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

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

Articles of Amendment Articles of Incorporation

	es of Amendment to es of Incorporation of Control Contr		
Eternal Hope Society Foundation Inc.	74 Car 20		
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)		
N10000003288			
(Document Numb	ber of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the following		
A. If amending name, enter the new name of the corporat	tion:		
LCPL GIOVANNI JOSE TECHAN DESIR FOUNDATIO			
name must be distinguishable and contain the word "corpore "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp." or "Inc."		
B. Enter new principal office address, if applicable:	4450 WEST BROWARD BLVD		
(Principal office address MUST BE A STREET ADDRESS	PLANTATION FLORIDA 33317		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4450 WEST BROWARD BLVD		
	PLANTATION FLORIDA 33317		
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	ice address in Florida, enter the name of the address:		
Name of New Registered Agent:	N/A		
New Registered Office Address:	(Florida street address)		
ivew <u>Registered Office Authress</u> .	(City) Florida(Zip Code)		
	(City) (Zip Code)		

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change X_Remove X_Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s	
1) Change			NA		
Add					
Remove					
2) Change			NIA		
Add					
Remove			(1		
3) Change			NA		
Add					
Remove				n	
4) Change	-		NIA		
Add					
Remove					
5) Change		_	N/A		
Add					
Remove					
6)Change			N/A		
Add			-		
Remove					

f amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)					
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	date of each amendment this document was signed		, if other than the
Effe	ective date if applicable:		
		(no more than 90 days after amendment file da	te)
		is block does not meet the applicable statutory filing require Department of State's records.	ements, this date will not be listed as the
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/was/were sufficient for a	ere adopted by the members and the number of votes east for proval.	or the amendment(s)
	There are no members o adopted by the board of	members entitled to vote on the amendment(s). The amend lirectors.	ment(s) was/were
	08/1 Dated	/2018	
	Signature(By th	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 recourt appointed fiduciary by that fiduciary)	
	_	CHANTAL DESIR (Typed or printed name of person signs	ing)
		PresidenT	
		(Title of person signing)	