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COVER LETTER

TO: Amendment Section Division of Corporations

There is Hope For . NAME OF CORPORATION:	Me, Inc.
N11000010034 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sul	bmitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Dr. Katariina Rosenblatt	
	(Name of Contact Person)
There Is Hope For Me, Inc.	
	(Firm/ Company)
7512 Dr. Phillips Blvd. #50655	
	(Address)
Orlando, Fla. 32819	
	(City/ State and Zip Code)
thereishopeforme@aol.com	
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, please	e call:
Dr. Katariina Rosenblatt	786 2716031
(Name of Contact Perso	
Enclosed is a check for the following amount made p	sayable to the Florida Department of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address

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

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

Articles of Amendment Articles of Incorporation (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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: , Florida j (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,

Page 1 of 4

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	<u>V</u> <u>Mi</u>	hn Doe ike Jones lly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	0	Jonathan Miller	7512 Dr. Phillips Blvd. #50655
Add			Orlando, Fla. 32819
X Remove			
2) Change	0	Cristina Miller	7512 Dr. Phillips Blvd. #50655
Add			Orlando, Fia. 32819
X Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti utach additional sheets, if necessary).	(Be specific)
	
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	date of each amer this document was	dment(s) adoption:signed.		6/27/1°	7	, if other than the
Effe	ctive date <u>if appli</u>					
		(no more ti	han 90 days afte.	r amendment file date)		
		ed in this block does not meet te on the Department of State		atutory filing requirem	ents, this date will not be	listed as the
Ada	ption of Amendme	ent(s) (<u>CHECK</u>	ONE)			
	The amendment(s was/were sufficient	was/were adopted by the ment for approval.	nbers and the nu	mber of votes cast for (he amendment(s)	
	There are no mem adopted by the bo	pers or members entitled to vourd of directors.	te on the amendr	ment(s). The amendme	ent(s) was/were	
	Dated	June 27, 2017	<u> </u>)		
	Signature	Kat	On LO	scal-lot	/	
		By the chairman of vice chair have not been selected, by an other court appointed fiducian	incorporator - i	f in the hands of a rece		
		Katariina Rosenblatt				
		(1)	yped or printed r	name of person signing)	
		Treasurer				
			(Title o	f person signing)		