V11000011346

-	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	_
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Certified Conies	Certificates of Status	
Special Instructions	s to Filing Officer:	
Datal	an Hill GAVE	
	TON BY PHONE TO	
CORRECT		
DATE(10 1 - 1	
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	Office Use Only	

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2018 JUN 18 AM 10: 54

C. GOLDEN JUN 18 2018

COVER LETTER

O: Amendment Section Division of Corporations	
AME OF CORPORATION: RESTORATION OF THOSE MINISTRY FOR	4
OCUMENT NUMBER: 4//0000//34/0	
he enclosed Articles of Amendment and fee are submitted for filing.	
lease return all correspondence concerning this matter to the following: (Name of Contact Person)	
440 Fontana Circle # 109	
OViedo, fla. 32765	
(City/ State and Zip Code) (City/ State and Zip Code)	(
or further information concerning this matter, please call:	
1 a fa / yn the Marke of Contact Person) at $\frac{727 - 906 - 507}{\text{(Area Code)}}$ (Daytime Telephone Number)	
nclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



June 8, 2018

NATALYN HILL 440 FONTANA CIRCLE #109 OVIEDO, FL 32765

SUBJECT: RESTORATION OF HOPE MINISTRY FOR HAIT!, INC.

Ref. Number: N11000011346

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please list the title(s) of each officer in your document.

Please list the street address of each officer/director.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 318A00011996

Claretha Golden Regulatory Specialist II

www.sunbiz.org

Articles of Amendment

to

Articles of Incorporation
Loston time it hope Ministry tok Tlack TNC
(Name of Corporation as currently filed with the Florida Dept. of State)
1/11/000/1/34/0
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
As If amending name, enter the new name of the corporation: Continued to the corporation
B. Enter new principal office address, if applicable:
(Principal office address <u>MUST BE A STREET ADDRESS</u>)
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:
(City) Florida (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

Page F of 4

EILED

2010 JUN 18 AM 10: 54

SECRETARY OF STATE FALLAHASSEE, FLORIO

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 wife, 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 S	ones	
Type of Action (Check One)	<u>Title</u>	Name O / · //a=	Address / / / / / / / / / / / / / / / / / /
1) Change	Dilector	Patricia- Milie	Apt-A pelesburt/a
Add		-	St. Pelersburt/a
Remove		<i>ن</i>	37,2
2) Change			
Add			
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5) Change			·
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(uttach additional sheet.	s, if necessary).	(Be specific)					
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	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will no Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were was/were sufficient for appre	adopted by the members and the number of votes east for the amendment(s) oval.	
☐ There are no members or me adopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.	
Dated	5/31/2018	
Signature	Matalyn X/Cl	
have not	(Typed or printed name of person signing)	
·	(Title of person signing)	