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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	AL ENTERPRISE AND CHILDREN SERVICES
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are su	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
DIEULA LOUIS	
	(Name of Contact Person)
INTERNATIONAL ENTERPRISE AND CHILDS	REN SERVICES
	(Firm/ Company)
735 ORANGE AVE	
	(Address)
FORT PIERCE, FL 34950	
	(City/ State and Zip Code)
INTERNATIONALENTERPRISESERVICES@Y	AHOO.COM
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	se call:
DIEULA LOUIS	772 3531693 at
(Name of Contact Pers	
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee Certificate of Statu	& 🗆 \$43.75 Filing Fee & D \$52.50 Filing Fee S Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curre	ently filed with the Florida Dept. of S	tate)	
INTERNATIONAL ENTERPRISE AND CHILDREN SE	RVICES, INC		
(Document Nun	nber of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit Corpo	ration adopts the f	ollowing
A. If amending name, enter the new name of the corpora	ation:		
IMMIGRANTS HOPE INC.			The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	cation" or "incorporated" or the abbre	viation "Corp." or	" "Inc. "
B. Enter new principal office address, if applicable:	735 ORANGE AVE, FORT PIERC	E FL 34950	
(Principal office address <u>MUST BE A STREET ADDRES</u>)	<u> </u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5443 NW WISK FERN		
	PORT ST LUCIE, FL 34986		3
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	fice address in Florida, enter the nam		I 7 *
Name of New Registered Agent:	aduress:	LOWID P. 23	JI
Now Pagistanad Office Address	(Florida street addre	ss)	
New Registered Office Address:			
	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am,	d Agent:		
	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>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>S</u>	GRACE BORDLEY	
2) Change Add X Remove	T	TILLMAN BORDLEY	
3) Change X	S/MGR	PIERRE W LOUIS	5443 NW WISK FERN CIR PORT ST LUCIE, FL 34986
4) Change X	<u>D</u>	JOSIAS JOSEPH	FORT PIERCE, FL 34950
5) Change Add Remove		<u>.</u>	
6) Change Add Remove			

If amending or adding additional a (attach additional sheets, if necessary	y). (Be specific)				
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	date of each ame this document was	ndment(s) adoption: s signed	08/31/16		, if other than th
Effe	ective date <u>if appl</u> i		o more than 90 days after	r amandmant file data)	
			not meet the applicable st	atutory filing requirements, this date wi	II not be listed as the
Ado	ption of Amendm	ent(s)	CHECK ONE)		
	The amendment(s was/were sufficie		y the members and the nu	nber of votes cast for the amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.					
	Dated	09/03/2016			
	Signatur				
		have not been select		I, president or other officer-if directors f in the hands of a receiver, trustee, or ry)	
		DIEULA LOUIS	,		
			(Typed or printed r	name of person signing)	
	,	PRESIDENT	Cheula V	louis	
			(Title o	f person signing)	