

N 140000004846

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA  
15 AUG 21 PM 12:26

AUG 26 2015

T CANNON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 22, 2015

KATIA CLERVIL  
HOPE R US  
13331 SW 258 TERRACE  
HOMESTEAD, FL 33032 US

SUBJECT: HOPE R US INC.  
Ref. Number: N14000004846

We have received your document for HOPE R US INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

All four pages of the Articles of Amendment must be submitted together.

Page 4 of the amendment is missing.

You complete page 4 in its entirety before submitting to this office.

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.

Tina D Cannon  
Regulatory Specialist II

Letter Number: 715A00015413

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DEPT OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: HOPE R US

DOCUMENT NUMBER: N14000004846

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATIA CLERVIL

\_\_\_\_\_  
(Name of Contact Person)

HOPE R US

\_\_\_\_\_  
(Firm/ Company)

13331 SW 258 TERRACE

\_\_\_\_\_  
(Address)

HOMESTEAD, FLORIDA 33032

\_\_\_\_\_  
(City/ State and Zip Code)

HOPERUSMIAMIGARDENS@AOL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATIA CLERVIL

786

379-4855

at

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code)

\_\_\_\_\_  
(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(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

HOPE R US INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N14000004846

(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:**

*The new*

*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)

13331 SW 258 TERRACE

HOMESTEAD FLORIDA 33032

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

13331 SW 258 TERRACE

HOMESTEAD, FLORIDA 33032

**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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

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**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*

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:

|                                            |           |                    |
|--------------------------------------------|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u>    |
| <input checked="" type="checkbox"/> Remove | <u>V</u>  | <u>Mike Jones</u>  |
| <input checked="" type="checkbox"/> Add    | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u><br>(Check One)          | <u>Title</u> | <u>Name</u>           | <u>Address</u>              |
|-----------------------------------------------|--------------|-----------------------|-----------------------------|
| 1) <input checked="" type="checkbox"/> Change | <u>P</u>     | <u>Katia Clervil</u>  | <u>13331 SW 258 Terrace</u> |
| <input type="checkbox"/> Add                  |              |                       | <u>Homestead FL 33032</u>   |
| <input type="checkbox"/> Remove               |              |                       |                             |
| 2) <input checked="" type="checkbox"/> Change | <u>D</u>     | <u>Eugene Clervil</u> | <u>13331 SW 258 Terrace</u> |
| <input type="checkbox"/> Add                  |              |                       | <u>Homestead FL 33032</u>   |
| <input type="checkbox"/> Remove               |              |                       |                             |
| 3) <input type="checkbox"/> Change            |              |                       |                             |
| <input type="checkbox"/> Add                  |              |                       |                             |
| <input type="checkbox"/> Remove               |              |                       |                             |
| 4) <input type="checkbox"/> Change            |              |                       |                             |
| <input type="checkbox"/> Add                  |              |                       |                             |
| <input type="checkbox"/> Remove               |              |                       |                             |
| 5) <input type="checkbox"/> Change            |              |                       |                             |
| <input type="checkbox"/> Add                  |              |                       |                             |
| <input type="checkbox"/> Remove               |              |                       |                             |
| 6) <input type="checkbox"/> Change            |              |                       |                             |
| <input type="checkbox"/> Add                  |              |                       |                             |
| <input type="checkbox"/> Remove               |              |                       |                             |

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**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

Hope R Us mission is dedicate to assisting individual and families by consistently offering a helping hand to those who  
require assistance during difficult times. Hope R Us provides services to benefit individuals, families, and children during  
time of need, emergency, or crisis.

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The date of each amendment(s) 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ 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 08/03/2015 \_\_\_\_\_

Signature \_\_\_\_\_  
(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)

Katia Clervil  
\_\_\_\_\_  
(Typed or printed name of person signing)

President \_\_\_\_\_  
(Title of person signing)

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