N500008537

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TQ: Amendment Section Division of Corporations

NAME OF CORPORATION	Inspire Hope Foundat ON:			
	N15000008537			
DOCUMENT NUMBER:				
The enclosed Articles of Am	nendment and fee are subm	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
Ryan Raffa				
		Name of Contact Perso	in)	
		(Firm/Company)		
9985 Marsala Way				
		(Address)		
Delray Beach, Florida 3344	6			
	(City/ State and Zip Coo	le)	
andyraffa327@gmail.com				
——————————————————————————————————————	-mail address: (to be used	for future annual report	notification)
For further information conc	erning this matter, please o	all:		
Andrew Raffa			ol .	9458710
 - 	(Name of Contact Person)		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida Dep	artment of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & C Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Malling A	ddress	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

Articles of Amendment to Articles of Incorporation of

Inspire Hope Foundation, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N15000008537 (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: (Florula street address) New Registered Office Address: Florida (City) (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

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 <math>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 Mik</u>	n Doe le Jones v Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	Jonathan Raffa	9985 Marsala Way
XAdd			Defray Beach, FL33446
Remove			
2) Change		-	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add Remove			
5) Change Add			
Remove			
6)Change			
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)				
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		June 28, 2018	
	date of each amer this document was		, if other than the
cue	ective date <u>if appli</u>	(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will not be ate on the Department of State's records.	listed as the
Ado	ption of Amendm	ent(s) (CHECK ONE)	
	The amendment(s was/were sufficier) was/were adopted by the members and the number of votes cast for the amendment(s) at for approval.	
	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	6/28/18	
	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)	
		Andrew Raffa	
		(Typed or printed name of person signing)	
		Vice President	
		(Title of person signing)	