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TO:	Amendment Section
	INTERSTORE OF COMPANY AND A

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Division of Corporations

NAME OF CORPORATION: <u>Gluing Hope Again Inc.</u>
DOCUMENT NUMBER: NIGODOOI784
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Zandra Wingster (Name of Contact Person)
(Name of Contact Person)
(Firnv Company)
646 W. South St. (Address)
Orlandu FI 32805
(City/ State and Zip Code)
1-10pe @ givinghupe again . 019 E-mail address: (tobe used for turure annual report Holification)
For further information concerning this matter, please call:
(Name of Contact Person) at 407 496-2894 (Area Code) (Daytime Telephone Number)
(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 &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee
	Certificate of Status	Certified Copy	Certificate of Status
		(Additional copy is	Certified Copy
		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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

	Articles of Amendment	
ŕ	Articles of Incorporation	
(Name of Corporation as currently filed with the Flo	of <u>e Again</u> prida Dent of Crate	Inc.
N160000C		
	Number of Corporation (i	f known)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not	For Profit Corporation adopts the following
A. <u>If amending name, enter the new name of the co</u>	rporation:	
name must he distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	prporation" or "incorport	The new ted" or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u>)	1011 UI
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BON</u>	0	25 PH 3
	<u> </u>	0
 If amending the registered agent and/or registered new registered agent and/or the new registered o 	d office address in Flori ffice address:	da, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis hereby accept the appointment as registered agent. 1	tered Agent:	

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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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	PT John Doe V Mike Jones SV Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u> <u>Name</u>	Address
l) Change Add	VPD Lewis Ricardom	2312 Mavis Circle
Remove	D Dereik, Barrett	Tallahassee, F1 32 301
2) Change Add		2023 NIN CL MUCH Stine Rd
3) Remove Change Add Remove	Konald Kivers	3023 Old St. Augustine Rd Tallabassee, Fl, 32301
4)Change Add	D Javaris Yarns Youth community Dutreon mentor,	4783 Vig Palm lake #118
Remove	mentor	West Palm beach, KI
5) Change Add	D Palmyra V. Wood-will Schularship Fund Chai	West Palm beach, Fl iams 2438 Jefferson RdS Son- Tallahassee, Fl 32317 4035 Sonnet Drive
Remove	o chi o chi pe	1 all ahassee, FI 32317
6)Change	D Chanda Johnson	4035 Sonnet Drive
Remove	Operations/Youth community outreach Tallahassee	Tallahassee, El 32317
 F. If a mending or additional states of the state of the	ing additional Articles onter changes here:	

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

document's effective date on the Depart Adoption of Amendment(s)	ment of State's records.	nation y ming requirements	s, this date will not be listed as th	ie
Note: If the date inserted in this block of				
Effective date <u>if applicable</u> :	(12 man day 00 1			
The date of each amendment(s) adopt date this document was signed.	ion:		, if other tha	in the
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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.

10-25-21 Dated mPK Signature 5 (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) Zandra D Wingster (Typed or printed name of person signing)

President (Title of person signing)