

116000007978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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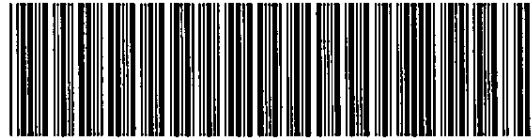
(Business Entity Name)

(Document Number)

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2016 OCT 31 P 3:29
TALLAHASSEE, FLORIDA

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NOV - 4 2016
T. LEMIEUX

Handwritten signature

NAME OF CORPORATION: HOPE FOR ALL CHARITY INC

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

Please return all correspondence concerning this matter to the following:

(Name of Contact Person)

(Firm/ Company)

(Address)

(City/ State and Zip Code)

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

ANAINA DIGIOVANNA at 954 512 9127

(Name of Contact Person) (Area Code) (Daytime Telephone Number)

☐ \$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)

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

HOPE FOR ALL CHARITY INC

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

N16000007978

(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:

HOPE FOR ALL CHARITY CORP

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**)

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:

New Registered Office Address:

(Florida street 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

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2015 OCT 31 P 3:29
TREASURY

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> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>P,T</u>	<u>ANAINA DIGIOVANNA</u>	<u>3327 NW 47TH AVE</u>
<input type="checkbox"/> Add			<u>COCONUT CREEK, FL 33063</u>
<input type="checkbox"/> Remove			<u>US</u>
2) <input checked="" type="checkbox"/> Change	<u>VP</u>	<u>MARIA JOSE WERNER</u>	<u>2700 FOREST HILL BLVD 105</u>
<input type="checkbox"/> Add			<u>CORAL SPRINGS, FL 33065</u>
<input type="checkbox"/> Remove			<u>US</u>
3) <input checked="" type="checkbox"/> Change	<u>S</u>	<u>JOSELINA REIS</u>	<u>4611 S UNIVERSITY DR #456</u>
<input type="checkbox"/> Add			<u>DAVIE, FL 33328</u>
<input type="checkbox"/> Remove			<u>US</u>
4) <input type="checkbox"/> Change	<u>DIR</u>	<u>NAIDES BRUM</u>	<u>10374 BOCA ENTRADA BLVD</u>
<input type="checkbox"/> Add			<u>#129 BOCA RATON, FL 33428</u>
<input checked="" type="checkbox"/> Remove			<u>US</u>
5) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>

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

HOPE FOR ALL CHARITY IS A PUBLIC CHARITY ORGANIZATION CREATED TO OFFER RESOURCES TO
FAMILIES IN NEED AND HELP THEM TO THRIVE IN SOCIETY. THIS ORGANIZATION WILL HAVE
ACTIVE PROGRAMS OF FUNDRAISING.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

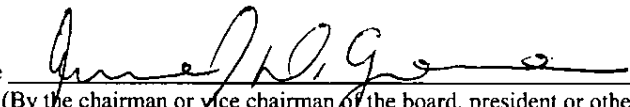
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 09/26/2016 _____

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)

ANAINA A DIGIOVANNA

(Typed or printed name of person signing)

PRESIDENT / TREASURER

(Title of person signing)