## N1700001311

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## **COVER LETTER**

TO: Amendment Section Division of Corporations Yolande's Hope For Haiti Inc. NAME OF CORPORATION: N17000001311 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Yolande Maxius (Name of Contact Person) (Firm/ Company) 1322 SW 74th ave (Address) North lauderdale, FL 33068 (City/ State and Zip Code) yolandehope@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 5996880 Yolande Maxius (Name of Contact Person) (Daytime Telephone Number) (Area Code) 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) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassec, FL 32314

## Articles of Amendment to Articles of Incorporation of

FILED

2017 NOV 16 AN 10: 59

## YOLANDE'S HOPE FOR HAITI INC.

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• • • • • • • • • • • • • • • • • • • •
opts the following
The new
Corp." or "Inc."
<u> </u>
<del></del>
ode)
sition.

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 = ChiefExecutive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office

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>Mil</u>	un Dog ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Treasure	Wisner Augustin	920 NE 121st, apt B
Add			Biscayne Park, FL 33161
Remove			
2) Change	Trea	Viergeline Maxius	3435 s orange avenue, apt # G202
Add X			Orlando, FL 32806
Remove 3) X Change	Secretar	Amily D. C.	
5 / Change		Amise Baptiste	7943 TAM O Shanter BLVD
Add			North Lauderdale, FL 33068s
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	_ <del></del>		
Remove			
6)Change			
Add			
Remove			
		Dagua . e .	<del></del>

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
Purpose: Yolande's Hope for Haiti Inc. organization is organized exclusively for charitable purposes, including.					
for such purposes, the making of distributions to less fortunate and impoverished children of Haiti					
Dissolution clause: Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes					
within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal					
tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such					
assets not disposed of shall e disposed of y a court of competent jurisdiction in the county in which the principal office					
of the organization is then located, exclusively for such purposes or to such organization or organizations as said Court					
shall determine, which are organized and operated exclusively for such purposes.					

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		•
Effective date if applicable:		
<del></del>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, thi partment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the ameral.	ndment(s)
There are no members or members adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was	ıs/were
Dated	12-17-m	
Signature	Lando Hours	
	man or vice chairman of the board, president or other officer-if of	
	en selected, by an incorporator – if in the hands of a receiver, tru appointed fiduciary by that fiduciary)	stee, or
ouler court	appointed fiductary by that fiductary)	
	Golande Haxius	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	