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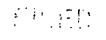
18 JAN 29 PM 4: 2

R. WHITE
JAN 3 0 2018

COVER LETTER

TO: Amendment Section Division of Corporations		
HOPE VS CANCER NAME OF CORPORATION:	R FOUNDATION INC	
N17000002237		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are sub-	nitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Brynne Rorke		
	(Name of Contact Perso	on)
Yippickiyay Nonprofit Solutions		
	(Firm/ Company)	,
6295 Greenwood Plaza Blvd. Ste 100		
	(Address)	-
Greenwood Village, CO 80111		
	(City/ State and Zip Co	de)
hopevscancer@gmail.com		
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Brynne Rorke	.30 at	03 747 _– 4793
(Name of Contact Person)) (A	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Dep	artment of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□S43.75 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	Amen Divisi Clifto 2661	Address dment Section on of Corporations n Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



18 JAN 29 PM 4: 27

HOPE VS CANCER FOUNDATION INC		1407-4
(Name of Corporation as curi	rently filed with t	he Florida Dept. of State)
N17000002237		
(Document Nu	mber of Corporation	on (if known)
Pursuant to the provisions of section 617,1006. Florida Statemendment(s) to its Articles of Incorporation:	autes, this <i>Florida</i>	Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	<u>ration:</u>	
		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incor	norated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES</u>	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered onew registered agent and/or the new registered office.	ffice address in F e address:	orida, 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 Register hereby accept the appointment as registered agent. Lam	ed Agent: familiar with and	accept the obligations of the position.
	Signature of New	Registered Agent, if changing

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of eac 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: Executive Officer: CFO = Chief Financial Officer. If an officer/director holds held. President, Treasurer, Director would be PTD.			TR= Trustee; C = Chairman or Clerk; CEO = Chief	
a change. Mike Jones l	eaves the c	ollowing manner. Currently John Doe is list corporation, Sally Smith is named the V and lly Smith, SV as an Add.	d as the PST and Mike Jones is listed as the V. There is 5. These should be noted as John Doe, PT as a Change,	
Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
x 1) Change	VP	Enrique Pena	1712 SW 2nd Avenue, PH4	
Add			Miami, Fl. 33129	
Remove				
x 2) Change	VP	Michal Amedia-Mourin	1712 SW 2nd Avenue, PH4	
Add			Miami, FL 33129	
Remove 3) Change	VP	Adriana Adorno	1712 SW 2nd Avenue, PH4	
Add			Miami, FL 33129	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
5) Change	<u></u>			
Add				

Remove

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
Please add the following clauses:	
This organization is organized exclusively for charitable, educational, religiou	s and/or scientific purposes under Section
501(c)(3) of the Internal Revenue Code, or corresponding section of any futu	re federal tax code, and shall not inure
benefit or earnings to any private shareholder or individual.	
Upon the winding up and dissolution of this organization, after paying or ade	uately providing for the debts and obligations
of the organization, the remaining assets shall be distributed to a nonprofit fur	d. foundation or corporation which is
organized and operated exclusively for one or more exempt purposes within t	he meaning of Section 501(c)(3) of the
Internal Revenue Code, or corresponding section of any future federal tax cod	e, including to another tax-exempt
organization under Section 501(c)(3), or shall be distributed to the federal go	ernment, or to a state or local government
for a public purpose.	
	

	. 01/10/2018:	
The date of each amendment(s) add date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after an	endment file date)
Note: If the date inserted in this bloc document's effective date on the Dep		ory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add was/were sufficient for approval	opted by the members and the numbe	of votes cast for the amendment(s)
There are no members or member adopted by the board of director	ers entitled to vote on the amendment	(s). The amendment(s) was/were
01/10/2018 Dated		
have not been	man or vice chairman of the board, pronselected, by an incorporator – if in toppointed fiduciary by that fiduciary) wer	he hands of a receiver, trustee, or
	(Typed or printed name	of person signing)
Director		
	(Title of pe	rson signing)