N17000002325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
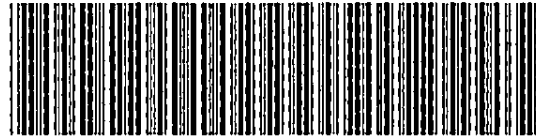
(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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JAN

COVER LETTER

NAME OF CORPORATION: ___Restore Hope Resources. Inc_____

DOCUMENT NUMBER: ___N17000002325_____

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

Please return all correspondence concerning this matter to the following:

Marisa Meier
_____
(Name of Contact Person)

Restore Hope Resources, Inc
_____
(Firm/ Company)

134 N. Ridgewood Dr. #6
_____
(Address)

Sebring. FL 33870
_____
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Marisa Meier   863   4512997
_____ at _____
(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	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee. FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Restore Hope Resources, Inc.

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

N17000002325

(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:

_____*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: N/A
(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: N/A

(Florida 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 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   PT   John Doe
X Remove   V   Mike Jones
X Add   SV   Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change		_N/A_	
___ Add			
___ 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 Articles, enter change(s) here:
(attach additional sheets, if necessary).   (Be specific)

The purpose of the non-profit is to incorporate a broader type of assistance to those in need. Restore Hope Solutions will

assist jobless, disabled, homeless, unemployed, long-term unemployed and those generally in need with resources such

as job search preparation, employment placement, career training, job readiness training, resume writing, interviewing

as well as tangible resources such as food and back to work clothes and referrals for housing and for job placement.

In addition to job placement and supported employment we will run a retail and e-commerce online store to sell retail goods

to the general public and train disabled workers in job skills such as customer service, retail and e-commerce. We will purchase

and sell goods in accordance to benefit job skills training and donate work clothing and goods to disabled workers and those

in need of clothing and supplies to become self sufficient.

The date of each amendment(s) adoption: _01/21/2020_____ , if other than the
date this document was signed.

Effective date if applicable: _____01/21/2020_____

(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   _11/17/2020_____

Signature _____*Robert Meier*_____

(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)

Robert Meier
_____
(Typed or printed name of person signing)

President
_____
(Title of person signing)