## N17000008694

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
/Bu	siness Entity Nam	ne)
(55	2,	,
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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JUL 22 TOTA S. YOUNG

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

A HOPE, inc NAME OF CORPORATION:		
N17000008694 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are su	ubmitted for filing.	
Please return all correspondence concerning this ma	_	
Brandi Winkleman		
<del> </del>	(Name of Contact Pers	on)
A HOPE, Inc		
	(Firm/ Company)	
P.O. Box 4629		
	(Address)	
Milton, FL 32572		
	(City/ State and Zip Co	de)
ahope4src@gmail.com		
E-mail address: (to be us	sed for future annual repor	t notification)
For further information concerning this matter, plea	se call:	
Brandi Winkleman		50-368-2858
(Name of Contact Perso		Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida De	partment of State:
■ \$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Status	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	Amer Divis	t Address adment Section ion of Corporations Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

A HOPE, Inc			
(Name of Corporation as currently filed with the F N17000008694	lorida Dept. of State)		
	nt Number of Corporation (if	Cknown)	
(Documer	at Number of Corporation (1)	knowny	
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not	For Profit Corporation adopts th	e following
A. If amending name, enter the new name of the c	orporation:		
N/A			The new
name must be distinguishable and contain the word " "Company" or "Co," may not be used in the name.	corporation" or "incorpora	ted" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable	N/A e:		
(Principal office address MUST BE A STREET AD			
	<del></del>		20
			2020 JUN
C. Enter new mailing address, if applicable:	<b>N</b> 1/4	# 1	
(Mailing address MAY BE A POST OFFICE BO	<u>(N/A</u>	jami, Produc	<del></del>
		nom Prim	70-
	<del></del>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			<del></del>
D. If amending the registered agent and/or registered new registered agent and/or the new registered		da, enter the name of the	6
Name of New Registered Agent:	I/A		
Name of New Regimered Agent.			
_		(Florida street address)	
New Registered Office Address:		•	
N	I/A	, Florida	
_	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Reliable I hereby accept the appointment as registered agent.		ept the obligations of the position.	
<del></del>	Signature of New Reg	istered 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 X Remove X Add	PT         John De           V         Mike Jo           SV         Sally Sr	<u>pnes</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	TCFO	Brittany Gansmann	4608 LAQUINTA CT PACE, FL 32571
x Remove			
2) Change Add	<u>TCFO</u>	Amy Heal	4447 Winona Ln Pace, FL 32571
Remove 3)	<u>s</u>	Linda Maguire	4326 Garcon Point Rd Milton, FL 32583
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add		<del></del>	
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
Article III: To educate ou	r community on re	sponsible ownership of companion anima	els and proper care for community
cats by providing access t	o affordable sterili	ization/vaccine services, rescue support and c	ommunity outreach programs
			ommonity outreach programs,
leading to the prevention	of unnecessary eut	thanasia	

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	5/30/2020	
The date of each amendment(s) adoption:		if other than the
date this document was signed.		
5/30/2020		
Effective date it applicable:		
(n	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not be at of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted b was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
5/30/2020 Dated
Signature
(By the chairman of 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 (decimal by that fiducians)
other court appointed fiduciary by that fiduciary)  Brandi Winkleman
(Typed or printed name of person signing)
Prosident
(Title of person signing)