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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	DATION INTERNAT	IONAL, INC	
N17000009289 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
AUDREY REID			
	(Name of Contact Per	rson)	
NA			
	(Firm/ Company)	· · · · · · · · · · · · · · · · · · ·	
151 N NOB HILL RD STE 205			
	(Address)		
PLANTATION, FL 33324			
	(City/ State and Zip C	ode)	
nelson.r.santiago@gmail.com			
E-mail address: (to be used	for future annual repo	ort notification	n)
For further information concerning this matter, please	call:		
AUDREY REID	at	256	508-9034
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida D	epartment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & ! Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	Filing Fee icate of Status ied Copy tional Copy is ised)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ame Divi	et Address indment Secti sion of Corpe Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

THE HOPE FOUNDATION INTERNATIONAL, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N17000009289 (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 Sydney and Riley Foundation, Inc. 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. NA B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: NA (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: (Florida street address) New Registered Office Address: , Florida ₋ (Zip Code) (City) 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 Doc 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 D Y Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add			NA
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
(attach udditional sheet	g additional Arti	cles, enter change(s) here: (Be specific)	
NA			

Effective date if applicable:	03/01/2021	s after amendment file date)	
The date of each amendmen date this document was signed	•		, if other than th

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

Adoption of Amendment(s) (CHECK ONE)

П	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	03/01/2021
	Signature (By the chairman or vie 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)
	AUDREY REID
	(Typed or printed name of person signing)
	PRESIDENT

(Title of person signing)