N170000 12792

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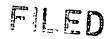
TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	PORTUNITIES AND MEA	NINGFUL EMPOWERMENT, INC
N17000012792 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are so	abmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Enmanuel Aybar		
	(Name of Contact Person	1)
	(Firm/ Company)	
2811 Park Center dr	•	
;	(Address)	\$11
Alexandria, VA, 22302		
	(City/ State and Zip Cod	c)
enmanuel.aybar@gmail.com		
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
	at	
(Name of Contact Pers	on) (Ai	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Depa	irtment of State:
S35 Filing Fee		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section		Address ment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

HOPE FOR OPPORTUNITIES AND MEANINGFUL EMPOWERMENT, INC



2019 FEB 20 PM 5: 13 (Name of Corporation as currently filed with the Florida Dept. of State) N17000012792 (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: 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: (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: (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 X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>mes</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	D	DEHEZA, NAIR	6455 SILVER RIDGE CIRCLE
Add			ALEXANDRIA, VA 22315
X Remove			
2) X Change	D	BRITO, CENEYDA	2811 Park Center Dr
Add			Alexandria, VA, 22302
Remove X Change	D	NADAL, EMMANUEL	8023 Iliff Dr
Add			Dunn Loring, VA, 22027
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
5) Change			
Add			
Remove			

attach additional sheets, if necessary).	icles, enter change((Be specific)			
				
				
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	e date of each ame this document was	ndment(s) adoption:	, if other than the
		-	
Etti	ective date <u>if appli</u>	cable:	
		ted in this block does not meet the applicable statutory filing requirements, thate on the Department of State's records.	his date will not be listed as the
Ado	option of Amendm	ent(s) (<u>CHECK ONE</u>)	
	The amendment(s was/were sufficient) was/were adopted by the members and the number of votes cast for the ament for approval.	endment(s)
	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) vard of directors.	was/were
	Dated	2.14.19	
	Signature		
		(By the chairman or vice chairman of the board, president or other officer-if have not been selected, by an incorporator – if in the hands of a receiver, to other court appointed fiduciary by that fiduciary)	
		AYBAR BRITO, BRAULIO	
		(Typed or printed name of person signing)	
		President Maclio S. Man	
		(Title of person signing)	