N1800000 2029

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

S. PRATHEF

Global Domestic Abuse Awareness



Addendum to the Articles of Incorporation for Hopefull Handbags. On September 18, 2021, the board of hopeful handbags voted unanimously to change the name to Hopefull Handbags Global, \mathcal{I}_{nc} .

Cathlene Miner

Founder and President Hopefull Handbags

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: HOPEFULL HAND GAGE USA, INC. DOCUMENT NUMBER: N 1800000 2029
DOCUMENT NUMBER: N 1800000000000000000000000000000000000
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CATHLENE Miner
(Name of Contact Person)
(Name of Contact Person) Hope Full Handbass Glubal, Inc. (Firm/ Company)
(Firm/ Company)
2800 N. 6th Street Unt 7
(Address)
ST. Augustine FC 32086 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: CATLENE WINE (Name of Contact Person) at 904 583 - 7158 (Area Code) (Daytime Telephone Number)
(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
Mailing Address Amendment Section Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation	
HopeFull Handbags	S USA Inc
(Name of Corporation as currently filed with the Florida Dept. of State)	
N 1800000 2029	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit</i> amendment(s) to its Articles of Incorporation:	Corporation adopts the following
A. If amending name, enter the new name of the corporation:	τ
Iname must be distinguishable and contain the word "corporation" or "incorporated" or the	Cobal Anc.
name must be distinguishable and contain the word "corporation" or "incorporated" or the "Company" or "Co," may not be used in the name.	abbreviation "Corp." or "Inc."
Company or Co. may may be assessed in the name.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Proncipal office address most be A STREET AUDIRESS)	
·	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX) N A	
	
D. If amending the registered agent and/or registered office address in Florida, enter to	be name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent: UA	
·	
(Florida stree	adhess)
New Registered Office Address:	
	, Florida
(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment us registered agent. I am familiar with and accept the oblig	gations of the position.
N/A	
Signature of New Registered Age	ent, if changing

FILED
2021 SEP 20 PM 6: 27
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

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 I V Mike, SV Sully 5	lones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1)Change Add	<u>D</u>	Sarah Creen	38 Sherwood Drive Canpark, WS11 GEG
Remove 2)ChangeAdd		Clyde Robinson	45A Apt.B
Remove 3) Change Add Remove	<u>b</u>	Kimberlee Barker	Barataria, Trinidad and Tobrigo - Aldon Culloden Road St. Michael, Barordos
4) Change Add	D	Donna Antenucci	7-100 Drovin St. Chateauguy, QC J WJ 576
Remove 5) Change Add			<u>L'anada</u>
Remove 6) Change Add		<u> </u>	
E. If amending or additional shee	ng additional Art	ticles, enter change(s) here (Be specific)	
		NIA	•

(Attach additional she Please note the officer P = President; V = Vi Executive Officer; CF held. President, Treas Changes should be no a change, Mike Jones	eets, if necess r/director titl ce President, O = Chief F surer, Director titled in the foot leaves the co	le by the first letter of the offic; ; T= Treosurer; S= Secretary; inancial Officer, If an officer/ or would be PTD. llowing manner, Currently Jo	D= Director; TR= Trust director holds more than hn Doe is listed as the PS	tee; C = Chairman or Clerk; CEO = Chief one title, list the first letter of each office T and Mike Jones is listed as the V. There is muld be noted as John Doe, PT as a Change,
Example: X.Change X. Remove X. Add	<u>Pr</u> <u>y</u> <u>SV</u>	John Doc Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	_	<u>Addres</u> s
1) Change Add	D	DIANA	Garber	520 FLorida CW5 Rd # 109 ST. Augustine, FL 32084
2)ChangeAdd	D		A VAN Z	
3) Change Add				
4) Change Add	D	TAYLE	- 6,650n	250 SCOVIA ROAD ST ANJUSTIFF, FC 32086
Remove : 5) Change Add		X	·	
Remove 6) Change Add		×		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name,

NIA

____ Remove

F. If amending or adding additional Articles, enter change(s) here (attach additional sheets, if necessary). (Be specific)

•	
	 .
-	
	
· <u>-</u>	
be date of each amendment(s) ac	option: if other than the
ite this document was signed.	
ffective date <u>if applicable</u> :	
THE PERSON NAMED IN COLUMN 1	(no more than 90 days after amendment file date)
ote: If the date inserted in this blo ocument's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will not be listed as the
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac was/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(s)

There are no member adopted by the board	s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
Dated _	9/18/2021	
ha	the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)	 -
	CATHLENE MI	ie v
	(Typed or printed name of person signing)	
	President	

(Title of person signing)

SECKEIARY OF STATE

FILED