# N180000003079

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(Add	dress)	
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(City	y/State/Zip/Phon	e #)
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(Do	cument Number)	
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FILED 2022 JAN 31 PH 12: 10 SECRETARY OF STATE

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#### COVER LETTER

TO: Amendment Section Division of Corporations

Hopefull Handbags Global, Inc. NAME OF CORPORATION:	
DOCUMENT NUMBER:	
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)	
Hopefull Handbags Global, Inc.	
(Firm/ Company)	_
2800 N. 6th Street Unit 1	
(Address)	
St. Augustine, Fl 32086	
(City/ State and Zip Code)	
brendanminer@aol.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Cathlene Miner 904 383-7158	
(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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Ft. 32303

#### Articles of Amendment

to

### Articles of Incorporation

of

Hopefull Handbags Global, Inc.	
(Name of Corporation as currently filed with the Florida I	Dept. of State)
N18000002029	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:
n√a	The nev
nume must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	n/a }
C. Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)	n/a
D. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office a  Name of New Registered Agent:	doress:
New Registered Office Address:	(Florida street address)
n/a	Elecido
	(Cny) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	
Si	gnature of New Registered Agent, if changing

## FILED

2022 JAN 31 PM 12: 10

SECRETARY OF STATE TALLAHASSEE, FL

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 J           SV         Salty S	lones	
Type of Action (Check One)	Title	Name	<u> </u>
1) Change Add	D	Patrick Miner	183 Hampton Hill Drive Williamsville, NY 14221
Remove			
2) Change Add		n∕a	
Remove 3 ) Change Add Remove			
4) Change Add	<del></del>		
Remove			<del></del>
5)Change Add	<del></del>		
Remove			
6) Change Add			
Remove			
E. If amending or addi- (attach additional shee		tickes, enter change(s) here (Be specific)	
n/a			

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		· · · · · · · · · · · · · · · · · · ·
The date of each amendment(s) date this document was signed.	adoption: 10/17/2021	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this d Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendroval.	nent(s)

Dated	1/29/2022
Signatur	Cathle Mu
	(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)
	Cathlene Miner

(Title of person signing)