

N 18000003054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

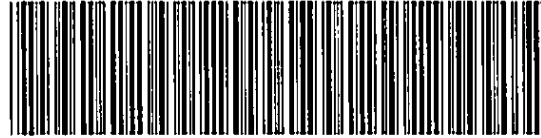
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

558-328-192-



100317584841

08/31/18--01008--003 \*\*35.00

**FILED**

2018 OCT 15 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FL

C. GOLDEN

OCT 17 2018

Reference Number:  
N18000003054

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Wings of Hope Innovation, Inc

DOCUMENT NUMBER: 82-3228445

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Markly Jean-Charles

(Name of Contact Person)

(Firm/ Company)

300 Sheeah Blvd Apt 1301

(Address)

Winter Springs FL 32708

(City/ State and Zip Code)

roseberthog@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Markly Jean-Charles

(Name of Contact Person)

at 561-273-5149

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|---|---|

**Mailing Address**

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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
18 OCT 15 PM 10:11  
SECRETARY OF  
STATE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 6, 2018

ROSE FRANCOIS  
18930 NW 8TH AVENUE  
MIAMI, FL 33169

SUBJECT: WINGS OF HOPE INNOVATION, INC.  
Ref. Number: N18000003054

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please list the title(s) of each officer in your document.

Please list the street address of each officer/director.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 518A00018441

Articles of Amendment  
to  
Articles of Incorporation  
of

**FILED**  
2018 OCT 15 PM 1:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

Wings of Hope Innovation, Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

82-3228445

(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:**

Develop Empower Smart and Mighty Youths, Inc The new 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)

Desamy

P.O BOX 693361

Miami, FL 33269

**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:

(City)

Florida

(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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Jean-Baptiste, Christina</u>	<u>18930 NW 8<sup>th</sup> Avenue</u> <u>Miami, FL 33169</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Joseph-Raymond, Myriam</u>	<u>18930 NW</u> <u>8<sup>th</sup> Avenue</u> <u>Miami, FL 33169</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Marketing officer</u>	<u>Rudy Guileauto</u>	<u>18930 N.W</u> <u>8<sup>th</sup> Avenue</u> <u>Miami, FL 33169</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Resource officer</u>	<u>Davidson Pierre</u>	<u>2203 27<sup>th</sup> Street West</u> <u>Bradenton, FL 34205</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Ruth Joanie</u>	<u>2221 Cody Street</u> <u>Hollywood, FL 33020</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Pheline Louis</u>	<u>42 Laboule 12</u> <u>Petionville, Haiti</u>

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

7. ~~x~~ Add D Saint-Nopha Baptiste 19 Ruelle Vieux  
Terrier Rouge  
Nord-Est, Haiti

8. ~~x~~ Add IR Jean-Raymond, Calixte 18930 NW.  
8<sup>th</sup> Avenue  
Miami, FL 33169

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: 5 October 2018  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 5 October 2018

Signature Rose P. Francois  
(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)

Rose Francois  
(Typed or printed name of person signing)

President  
(Title of person signing)