## N19000000951

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION		DE SAINT-MARC, 1	NC	
	N19000000951			
DOCUMENT NUMBER:			_ <del>_</del>	
The enclosed Articles of An	nendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this matte	er to the following:		
SAGET DORLEAN				
		(Name of Contact Pe	rson)	
HOPE FOR HAUT-DE SA	INT-MARC, INC			
		(Firm/ Company	)	
4580 CLEMENS STREET				
<u> </u>		(Address)	<del>-</del> -	
LAKE WORTH, FLORIDA	A 33463			
		(City/ State and Zip C	Code)	
SDORLEAN77@GMAIL.	СОМ			
E	-mail address: (to be used	I for future annual rep	ort notification	1)
For further information con	cerning this matter, please	call:		
SAGET DORLEAN		at	561	503-3125
	(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	ayable to the Florida I	Department of	State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	D Filing Fee icate of Status ied Copy is issed)
Mailing Address		Street Address		

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

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

## Articles of Amendment to Articles of Incorporation of

HOPE FOR HAUT-DE SAINT-MARC, INC (Name of Corporation as currently filed with the Florida Dept. of State) N19000000951 (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: Not applicable 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. Not applicable B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: Not 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: Not applicable 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 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 A Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>N</u>	<u>ame</u>	<u>Addres</u> s		
l) Change Add		_ <u>N</u>	ot applicable			
Remove			-			
2) Change Add						
Remove 3 ) Change Add Remove						
4) Change Add			<del></del>			
Remove  5) Change Add						
Remove  Change Add		<u> </u>				
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
Article III						
HOPE FOR HAUT-DE SAINT MARC, INC is organized exclusively for charitable, religious, educational, and scientific						
purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations						
described under Section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code.						
Upon dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of						

section 501 (c) (3) of the Internal R	evenue Code, or corresponding section of any future	federal tax code, or shall be
distributed to the federal government	nt, or to a state or local government, for a public purp	ose.
		<del></del>
The date of each amendment(s) as date this document was signed.	loption:	. if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file da	ite)
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requi partment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were awas/were sufficient for approve	dopted by the members and the number of votes cast al.	for the amendment(s)

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were