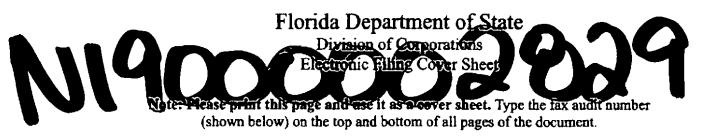
5/15/2020

Division of Corporations



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From:

Account Name : MARCELL FELIPE, P.A.

Account Number : I20110000064 Phone : (305)381-8500 Fax Number : (305)381-6225

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Casil	Address.			

COR AMND/RESTATE/CORRECT OR O/D RESIGN INSPIRE AMERICA FOUNDATION, INC.

Certificate of Status	0
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Articles of Amendment to Articles of Incorporation of

INSPIRE AMERICA FOUNDATION, INC. (Name of Corporation as currently filed with the Flor	rido Dent. of State)			
N19000002829	ina Dept. of State)			
(Document ?	Number of Corporation (if	known)		
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not I</i>	For Profit Corporation adopts the fo	ollowing	j
A. If amending name, enter the new name of the cor	poration:			
Inspire America Foundation Assistance Programs, Inc.		7	The new	
name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable:	poration" or "incorporat			_
(Principal office address MUST BE A STREET ADDR	ESS)			•
]
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX))	 • 		.e.
			•	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	l office address in Florid fice address:	a, enter the name of the		
Name of New Registered Agent:				
New Registered Office Address:	(Florida street address)		
		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a		ot the obligations of the position.		
	Signature of New Regi	stered Agent, if changing		

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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 Y SV	John D Mike Jo Sally S	<u>ones</u>		PRESENT OF THE PROPERTY OF THE
Type of Action (Check One)	<u>Title</u>		Name	Address	() () () () ()
1) Change Add		_			
Remove				- · · ·	
2) Change Add		_			
Remove 3) Change Add Remove		_			
4) Change Add	-	-			
Remove					
5) Change Add		-			
Remove					
6) Change Add		-			
Remove					
E. If amending or addin (attach additional shee	g additions, if nece	onal Arti essary).	icles, enter change(s) here: (Be specific)		
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e date of each amendment(s) ac e this document was signed.	doption:	, if other than the
lastive data if annice bloc		
fective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	······································
	ock does not meet the applicable statutory filing requirements, this da	
loption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as was/were sufficient for approve	dopted by the members and the number of votes cast for the amendm	nent(s)

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		ard, president or other officer-if directors - if in the hands of a receiver, trustee, or			
	urt appointed fiduciary by that fidu		-		
Mar	cell Felipe				
***************************************	(Typed or printed name of person signing)				
Pres	dent, Sole Director				
المانية	(Title	of person signing)			
			;		