N19000007080

| (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: |
| J. HORNE FEB 15 2022 |
| |

Office Use Only



000380078370

02/03/22--01013--007 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

| HOPE REL NAME OF CORPORATION: | IEF FOUNDATIO | N INC | | | |
|--|---------------------|------------------------|-----------------------|--|-------------|
| N1900007080 DOCUMENT NUMBER: | | | | | |
| The enclosed Articles of Amendment and fee | | filing, | | | |
| Please return all correspondence concerning t | | - | | | |
| EMMANUEL TITA | | | | | |
| | (Name of | Contact Person |) | | |
| | (Firm | ⊄ Company) | | | |
| 30617 CEASAR PARK DR | | | | | |
| | (: | Address) | - | | |
| WESLEY CHAPEL, FL 33543 | | | | | |
| | (City/ Sta | te and Zip Code | •) | | |
| HOPERELIEFFOUNDATION@GMAIL.CO | ЭМ | | | | |
| E-mail address: (to | be used for future | annual report r | otification | 1) | |
| For further information concerning this matte | r, please call; | | | | |
| EMMANUEL TITA | | 813 at | | 382-8482 | |
| (Name of Contac | t Person) | | ra Code) | (Daytime Telephone N | umber) |
| Enclosed is a check for the following amount | made payable to the | ne Florida Depa | rtment of | State: | |
| ■ \$35 Filing Fee □\$43.75 Filing Certificate of | Status Certifie | d Copy onal copy is | Certitī Certitī | Filing Fee cate of Status ed Copy ional Copy is sed) | |
| Mailing Address Amendment Section | | | Address ment Secti | on | |

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

FILED

HOPE RELIEF FOUNDATION INC

2022 FEB -3 AM 8: 18

| (Name of Corporation as currently filed with the Florida I | Dept. of State) | SECRETARY (|
|---|--|----------------------------------|
| N19000007080 | | TALLAHASSEE |
| (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: | |
| | | The new |
| name 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: | N/A | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> |) | |
| | | |
| 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 | ce address in Florida, enter th | ne name of the |
| new registered agent and/or the new registered office a | ddress: | |
| Name of New Registered Agent: N/A | | |
| New Registered Office Address: | tFlorida stree | t address) |
| <u>Sew Registerea Office Adaress</u> : | | |
| | | , Florida (Zip Code) |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai | Agent: niliar with and accept the oblig | gations of the position. |
| | | |
| $\overline{Si_i}$ | gnature of New Registered Age | nt, 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 F. There is a change, Mike Jones leaves the corporation, Sally Smith is named the F 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 V SV | John Doe Mike Jones Sally Smith | |
|------------------------------------|---------------|--|---|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| i) Change Add | | N/A | <u>N/A</u> |
| Remove | | | |
| 2) Change Add | | <u>N/A</u> | <u>N/A</u> |
| Remove Add Remove | | <u>N/A</u> | <u>N/A</u> |
| 4) Change Add | | <u>N/A</u> | <u>N/A</u> |
| Remove | | | |
| 5/ Change Add | | N/A | N/A |
| Remove | | | |
| 6) Change Add | | <u>N/A</u> | <u>N/A</u> |
| Remove | | | |
| | | onal Articles, enter change(s) here: essary). (Be specific) | |
| Said organization is orga | mized exc | dusively for charitable, religious, educa | ational, and scientific purposes, including, for such |
| purposes, the making of | distributio | ons to organizations that qualify as exe | mpt organizations described under Section 501(c)(3) |
| of the Internal Revenue (| Code, or c | corresponding section of any future tax | code. |
| | | | |
| Upon the dissolution of t | the organi | zation, assets shall be distributed for or | ne or more exempt purposes within the meaning of |

| distributed to the federal gov | ernment, or to a state or local govern | nent, for a public purpose | | |
|---|--|----------------------------|-------------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | - |
| | | | | |
| | | | | |
| | | | | |
| | | | | <u></u> |
| | | | | |
| | | - | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| The date of each amendmen late this document was signed | t(s) adoption: February 1st, 2022 | | | , if other than th |
| Effective date <u>if applicable</u> : | February 1st, 2022 | | | |
| | too more than 90 days a | ter amendment file date) | | |
| Sofe: If the date inserted in the locument's effective date on t | nis block does not meet the applicable he Department of State's records. | statutory filing requireme | ents, this date will no | t be listed as the |
| | | | | |

■ The amendment(s) was/were adopted by the members and the number of votes cust for the amendment(s) was/were sufficient for approval.

| Dated | 02/01/2022 |
|---------|--|
| Signatu | (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) |
| | EMMANUEL TITA |
| | (Typed or printed name of person signing) |

• ,