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DEPARTMENT OF STATE DIVISION OF CORPORATIO TALL AHASSEE, FLORID.

FEB 03 2020

S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations		•	
NAME OF CORPORATION:	*	•	
N19000012662 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-			
Please return all correspondence concerning this mat	ter to the following:		
Sagnik Yarlagadda			
	(Name of Contact Person	1}	· · · · · · · · · · · · · · · · · · ·
Hopepedia Inc.			
	(Firm/ Company)	<u> </u>	
1112 Facet View Way			
	(Address)	_	
Valrico, FL, 33594			
	(City/ State and Zip Code	e)	
prathimay1@gmail.com			
E-mail address: (to be use	d for luture annual report	notification	1)
For further information concerning this matter, pleas	e call:		
Ashok Yarlagadda			3685789
(Name of Contact Perso	n) at (Ar	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	nayable to the Florida Depa	artment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amend Divisio	Address Iment Section of Corpe	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TIM

Articles of Amendment to Articles of Incorporation of

Hopepedia Inc.		
Name of Corporation as currently filed with the Florida	a Dept. of State)	
N19000012662		
(Document Nur	nber of Corporation (if k	tnown)
Pursuant to the provisions of section 617,1006, Florida Stat mendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not F</i>	or Profit Corporation adopts the following
. If amending name, enter the new name of the corpor	ration:	
		The new
ame must be distinguishable and contain the word "corpo Company" or "Co." may not be used in the name.	ration" or "incorporate	d" or the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>:S</u>)	~
		JAN SION LLAN
. Enter new mailing address, if applicable:		12 2 1 2 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1
(Mailing address MAY BE A POST OFFICE BOX)		SS CO
	•	DR PO
		I A TAIL
		in the second of
 If amending the registered agent and/or registered of new registered agent and/or the new registered office. 		, enter the name of the
new registered agent and/of the new registered offic	c additiss.	
Name of New Registered Agent:		
	· · · · · · · · · · · · · · · · · · ·	larıda street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Register	ed Agent-	
hereby accept the appointment as registered agent. I am		t the obligations of the position.
•	·	· · · · · · · · · · · · · · · · · · ·
	Signature of New Regis	tered 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 X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) × Change Add	VT	PRATHIMA YARLAGADDA	1112 Facet View Way, Valrico, FL 33594
Remove			
2) Change Add			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove E. If amending or additional shed	ng additi vis, if nec	Page 2 of 4 (onal Articles, enter change(s) here: ressary). (Be specific)	
		=	
-			

 -		 -
		
		_ _
		
		
•		
	Page 3 of 4	
	Tage 5 01 4	
The date of each amendment(s) add date this document was signed.	option:, if	other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloe document's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date will not be li- artment of State's records.	sted as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s).	

adopted by the board o	f directors.
Dated	02/2020
Signature2	Ernik Hurbandolm
(By the have	he chairman of vice chairman of the board, president or other officer-if directors inot been selected, by an incorporator – if in the hands of a receiver, trustee, or recourt appointed fiduciary by that fiduciary)
_	Sagar K Yurlaga dda (Typed of printed name of person signing)
-	Pre 5: dent (Title of person signing)

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