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R. WHATE
JUN 0 9 2020

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	JOSIAH SPEAKES ON:	HOPE INC			
DOCUMENT NUMBER:	N2000004783				
The enclosed Articles of Ar					
Please return all correspond	ence concerning this mat	ter to the following:	:		
LATOYA PINNOCK-WIL	SON				
		(Name of Contact	Person)		
		(Firm/ Compa	ıny)	.	
7820 NW 45TH STREET					
		(Address)			
LAUDERHILL, FL 33351					
		(City/ State and Zi	p Code)		
jaylean2002@yahoo.com					
	-mail address: (to be use	d for future annual i	report notif	ication)
For further information cond	cerning this matter, please	e call:			
LaToya Pinnock-Wilson			954 at		245-6148
	(Name of Contact Person		(Area C	ode)	(Daytime Telephone Number)
Enclosed is a check for the t	following amount made pa	ayable to the Florid	a Departmo	ent of S	State:
■ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	y is (Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing A Amendme	address nt Section		Amendmen		on

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

JOSIAH SPEAKES HOPE INC

(Name of Corporation as currently filed with the Fl	orida Dept. of State)	4.400000000000000000000000000000000000
N2000004783	,	
(Document	t Number of Corporation (if kn	- 0 ,
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
JOSIAH SPEAKS HOPE INC.		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not he used in the name.	orporation" or "incorporated"	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE, A POST OFFICE BO)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	<u>ed office address in Florida, e</u> office address:	nter the name of the
Name of New Registered Agent:		***************************************
New Registered Office Address:	(Flor	ida street address)
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered agent. I hereby accept the appointment as registered agent.	stered Agent: am familiar with and accept th	e obligations of the position.
	Signature of New Register	ed Avent 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 Doc 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		Doe Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change X Add	DIR	CHERYL LAWRENCE	4848 NW 24TH APT 204
Remove			LAUDERDALE LAKES, FL 333
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Ar ts, if necessary).	ticles, enter change(s) here: (Be specific)	
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The date of each amendment(s) addate this document was signed.	doption:		···		if other than the
Effective date if applicable:					
- , - ,	(no more than 9	0 days after am	endment file dat	e)	
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the a partment of State's rec	pplicable statut ords.	ory filing require	ements, this date wi	ll not be listed as the
Adoption of Amendment(s)	(CHECK ON	Ð			
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members	and the number	r of votes cast fo	or the amendment(s)

Dated	05/13/2020
Dated	
X Signatur	
7. Signatur	(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)
	LATOYA PINNOCK-WILSON
	(Typed or printed name of person signing)