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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	ce Foundation USA Inc	:. 		
N20000005593				
DOCUMENT NUMBER:		<u> </u>		_
The enclosed Articles of Amendment and fee	are submitted for filing.			
Please return all correspondence concerning th	nis matter to the followi	ng:		
George Chami				
	(Name of Cont	act Person)		
Queen Of Peace Foundation USA Inc.				
	(Firm/ Cor	npany)		
7675 Santa Margherita Way				
	(Addre	ess)		
Naples, FL, 34109				
	(City/ State and	l Zip Code)		
hgchamisfo@gmail.com				
E-mail address: (to	be used for future annu	ial report notificati	on)	
For further information concerning this matter	, płease call:			
George Chami		239 at	571 7777	
(Name of Contact	Person)	(Area Code	(Daytime Telephone Number)	
Enclosed is a check for the following amount	made payable to the Flo	orida Department o	f State:	
■ \$35 Filing Fee □\$43.75 Filing Certificate of	Fee & S43.75 Filing Status Certified Co (Additional cenclosed)	py Cert copy is Cert (Add	50 Filing Fee ificate of Status ified Copy Iitional Copy is losed)	
Mailing Address Amendment Section		Street Address Amendment Se	etion	

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

Queen of Peace Foundation USA Inc.				
ame of Corporation as currently filed with the Florida Dept. of State)				
N20000005593				
(Document Nun	ber of Corporation (	f known)		
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not</i>	For Profit Corporation adopts the	: following	
A. If amending name, enter the new name of the corpor	at <u>ion:</u>		av.	
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorpor	ated" or the abbreviation "Corp."	_The new or "Inc."	
B. Enter new principal office address, if applicable:			73	
(Principal office address MUST BE A STREET ADDRES	<u>S</u> )	14 	20	
			Z .	
			- & ;	
C. Enter new mailing address, if applicable:		11.151.4 11.44.	포	
(Mailing address MAY BE A POST OFFICE BOX)		et . '	<del>نة</del>	
			- 8	
			<b>-</b>	
		<u> </u>	<del></del>	
D. If amending the registered agent and/or registered of	ffice address in Flor	ida, enter the name of the		
new registered agent and/or the new registered office	e address:			
Name of New Registered Agent:				
March 2000 and Aldrana		(Florida street address)		
<u>New Registered Office Address:</u>				
		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and acc	cept the obligations of the position.		
·	Signature of New Re	gistered Agent, if changing		

and address of each Office (Attach additional sheets. Please note the officer/dir. D. = Provident: V = Vica P.	cer and/ if necess rector title resident; Chief Fi	or Direct ary) e by the fi T= Trea. inancial (	or being added: rst letter of the off surer: S= Secretar )fficer. If an office	ice title: v: D= Director; T	R= Trustee	ector being removed and title, name, e: C = Chairman or Clerk: CEO = Chief ne title, list the first letter of each office
Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	ves the co	orporation	1, Sally Smith is no	John Doe is listed on the V and S. S.	as the PST These show	and Mike Jones is listed as the V. There is ld be noted as John Doc, PT as a Change.
Example: X Change X Remove X Add	PT V SV	John Do Mike Jo Sally Sr	nes			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			<u>Addres</u> s
i) Change Add	<del></del>	_			<u> </u>	
Remove 2) Change Add					<del>-</del> 	
Remove 3 ) Change Add Remove		_	<u></u>		 	
4) Change Add		_	<u></u>			
Remove					-	
5) Change Add		_		<u> </u>	<del></del> -	
Remove					-	
6) Change Add		_		· <u></u>	<del></del> -	
Remove					-	
E. If amending or addi (attach additional she				<u>e(s) here</u> :		
ARTICLE III						
SAID CORPORATION	IS IORG	<u>ianized</u>	EXCULSIVELY	FOR CHARITAB	BLE, RELI	GIOUS, AND EDUCATIONAL
PURPOSES UNDER SI	ECTION	501(C)(3	OF THE INTER	NAL REVENUES	CODE, O	R THE CORRESPONDING

SECTION OF ANY FUTURE FEDERAL TAX CODE, WITH A FOCUS ON HELPING AND BRINGING HOPE TO THE

HOMELESS.

ARTICLE IX
UPON DISSOLUTION OF SAID CORPORATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE
EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR
CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE OR SHALL BE DISTRIBUTED TO THE
FEDERAL GOVERMENT OR TO A STATE OR LOCAL GOVERMENT FOR A PUBLIC PURPOSE.
The date of each amendment(s) adoption: JUNE 1 2020
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Signature  (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)  GEORGE CHAMI  (Typed or printed name of person signing)  PRESIDENT	Dated	JUNE   2020
(Typed or printed name of person signing)	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)
PRESIDENT		
		PRESIDENT