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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Give F	lope mi	nistries
	•	
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are submi	ited for filing.	
Please return all correspondence concerning this matter	to the following:	
Lenur Johnsu	Name of Contact Person	n)
Caiving Hope	(Firm/ Company)	ies Inc
30925 Kelmin	Terrace	
	(Address)	
Wesley Chape	1 F1 3: City/ State and Zip Coo	3543
lenor. Johnson@	or future annual report	Com notification)
For further information concerning this matter, please of	all:	
Lener Tohnson L (Name of Contact Person)	1015E4 at (A	727 643-0517 rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay:		partment of State:
\$35 Filing Fee	l\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	<u>St</u> reet	Address
Amendment Section	Amen	dment Section
Division of Corporations		on of Corporations
P.O. Box 6327		Centre of Tallahassee
Tallahassee, FL 32314	2415	N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Name of Corporation as currently filed with the	Florida Dept. of State)		
(Docume	ent Number of Corporation (i)	(known)	
ursuant to the provisions of section 617,1006, Flori mendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida Not</i>	For Profit Corporation adopts the	following
. If amending name, enter the new name of the	corporation:		
ame must be distinguishable and contain the word Company" or "Co." may not be used in the name.	Stries Inc	ted" or the abbreviation "Corp" o	The new or "Inc."
. Enter new principal office address, if applicab Principal office address <u>MUST BE A STREET AL</u>	DOPESS) West	5 Kelmin Te en Chapel, F	rra =133
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	<u>OX</u> ;		
			207
. If amending the registered agent and/or regist new registered agent and/or the new registere		la, enter the name of the	2071 JAH 13
Name of New Registered Agent:	NA		3 PH
<u>New Registered Office Address</u> :		(Florida street address)	မ ္မ ဟ ထ
-		, Florida	
w Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.	(City) egistered Agent: I am familiar with and acce	(Zip Code) ept the obligations of the position	

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: XChange X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s -
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 Articles, enter change(s) here: ssary). (Be specific)	
			<u>.</u>
	<u> </u>		
			•

The agent wish to change the	
The agent wish to change the name from Give Hope to Giving Hox	ع (
L POLIC.	
And update address to 30925 Ken Wesley Chapel F1 33543	Inin TP
The appeared about 15 35 10 35	17(14)
Westey Chaper F1 33343	
	
	·
The date of each amendment(s) adoption: 12/18/20 date this document was signed.	, if other than the
Effective date if applicable:	<u>, , ,</u>
Effective date <u>if applicable</u> :	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as the
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.	

re are no members or members entitled to vote on the amendment(s). The amendment(s) was/were need by the board of directors.		
Dated 12 18 20		
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)		
Lenor Holses (Typed or printed name of person signing)		
President (Title of person signing)		