## N200000 11167

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## **COVER LETTER**

Division of Corporations			,
NAME OF CORPORATION:			
N20000011167 DOCUMENT NUMBER:			
		<del></del>	
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Sandra Arroyo			
	(Name of Contact Per	son)	
Majestic Hope, Inc.			
	(Firm/ Company)		
1711 Trailwater St.			
	(Address)		
Ruskin, FL 33570			
	(City/ State and Zip C	ode)	·
san_arroyo@hotmail.com			
E-mail address: (to be use	d for future annual repo	ort notification	1)
For further information concerning this matter, please	e call:		
Sandra Arroyo		404-200-8049	;
(Name of Contact Persor	atatatatatatatatatatatatatatat	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida D	epartment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	) Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		et Address endment Secti	ion
Division of Corporations		sion of Corpe	
P.O. Box 6327		Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Majestic Hope, Inc.		
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
N0000011167		
(Document	Number of Corporation (if k	nown)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fe	or Profit Corporation adopts the following
A. If amending name, enter the new name of the con	poration:	
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated	The new 1" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	RESS)	
		20
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	-
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida ffice address:	enter the name of the
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	(F	lorida street address)
		, Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept	the obligations of the position.
	Signature of New Regist	ered 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	PT         John Do           V         Mike Jo           SV         Sally Sr	ones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) × Change Add	<u>Presiden</u>	Sandra Arrovo	1711 Trailwater St Ruskin, FL 33570
Remove			
2) × Change Add	VP	Ana Lopes	11118 Hudson Hills Lane Riverview, FL 33579
Remove 3) × Change Add Remove	Treasure	Joanne Quilan	1616 Trailwater St Ruskin, FL 33570
4) Change Add			
Remove			
5) Change Add	<del></del>		
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
	<del></del>		
			<del></del>

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The date of each amendment date this document was signed	t(s) adoption: if other than the
Tree-materials and the second of the	October 19, 2020
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on t	his block does not meet the applicable statutory filing requirements, this date will not be listed as the he Department of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) oppoval.

	oard of directors.
Dated	October 19, 2020
Signatur	a latinous
5. <b>g</b>	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator of in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Sandra Arroyo
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)  President