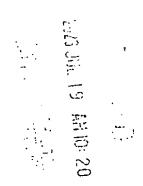
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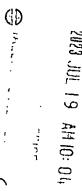
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TO: Amendment Section

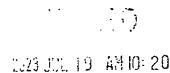
## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: House of Hope Schring Inc. DOCUMENT NUMBER: N21000000072 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Donald Waller (Name of Contact Person) LPCMC (Firm/ Company) 512 West Interlake Blvd., Lake Placid Florida 33852, P.O. Box 217 Lake Placid Florida 33862 (Address) Lake Placid (City/ State and Zip Code) good360naz@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Donald Waller 4640847 (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
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



House of Hope Sebring Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N21000000072 (Document Number of Corporation (if known) Pursuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: LPCMC Inc. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: \_, Florida \_ (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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 Doc Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add			
Remove			
2) Change Add		_	
Remove 3) Change Add Remove			
4) Change Add	-		
Remove  5) Change Add			
Remove 6) Change Add		_	
		onal Articles, enter change(s) here: essary). (Be specific)	
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The date of each amendment(s) adoption: _ date this document was signed.		, if other than the
Effective date <u>if applicable</u> :	more than 90 days after amendment file date)	
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Note: If the date inserted in this block does n document's effective date on the Department	ot meet the applicable statutory filing requirements, this date will no of State's records.	t be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	

ed is a form for filing Articles of Amendment to	https://form.sunbiz.org/pdf/cr2
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

document's effective date on the Department of State's records.

Adoption of Amendment(s)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the