N21000005715

(Requestor's Name)
(Address)
(Address)
(1.001033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
(Execument Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
- Francisco de la magnituda de

Office Use Only



000390269270

67/19/22--01016--023 **\$2.50



Some

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Hope Across the Valley, Inc					
N21000005715 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are submitted for f	iling.				
Please return all correspondence concerning this matter to the fol					
Anita Stubenrauch					
(Name of	Contact Person)			_
Hope Across the Valley, Inc					
(Firm	/ Company)	·			
1027 Washington Rd					
(ř	Address)				
Westminster, MD 21157					
(City/ Sta	te and Zip Code	e)			
hopeacrossthevalley@gmail.com					
E-mail address: (to be used for future	annual report	notification)		
For further information concerning this matter, please call:					- 3
Anita Stubenrauch	20 at	6	979-6599	-	7
(Name of Contact Person)		rea Code)	(Daytime Telephon	e Number)	
Enclosed is a check for the following amount made payable to t	he Florida Dep	artment of S	State:		1
	ed Copy onal copy is	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	; ;	<u>ز.</u> ن

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

Name of Corporation as currently filed with the	Florida De	nt_of State)		
	<u> 1011011 190</u>	j al orace ,		
N21000005715	Munihar	of Corporation	(if known)	
tursuant to the provisions of section 617.1006, Flori mendment(s) to its Articles of Incorporation:				he following
. If amending name, enter the new name of the	corporatio	on:		
√A				The new
name must be distinguishable and contain the word Company" or "Co." may not be used in the name.	"corporati		rated" or the abbreviation "Corp.	" or "Inc."
3. Enter new principal office address, if applical	ole:	N/A 		
Principal office address MUST BE A STREET Al	DDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I		N/A		
O. If amending the registered agent and/or registered agent and/or the new registered.	stered office a	<u>e address in Fl</u> ddress:	orida, enter the name of the	
_	N/A	(MTC <u>33.</u>		<u></u>
Name of New Registered Agent:				
		·-		<u> </u>
New Registered Office Address:			(Florida street address)	,!
			, Florida	: J
		(City)	(Zip Code)	٠, د
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered 11. – Lam fa	Agent: miliar with and	accept the obligations of the position	on.
-		ionature 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; CE() = ChiefExecutive 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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add		<u>Doe</u> : Jones : Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>s</u>	Marlene Rios	37352 Trilby Rd Dade City, Fl 33523
X Remove 2) X Change	TS	Stacy Fitzgerald	37352 Trilby Rd
Add			Dade City, F1, 33523
Remove 3) Change Add Remove			
4)ChangeAdd			
Remove 5) Change Add			
Remove 6) Change Add			
Remove			
E. If amending or ac (attach additional s	lding additional theets, if necessar	Articles, enter change(s) here: ry). (Be specific)	
Article VIII: Purpose	: Charitable, Edu	cational, and Scientific Purposes and Powers	. The purposes of Hope Across the
Valley, Inc. are exclu	sively charitable,	educational, or religious, within the meaning	g of section 501(c)(3)
of the Internal Rever	nue Code of 1986	as amended, or the corresponding provision	of any future Federal tax law.
("Section 501(c)(3)"), including for s	uch purposes, the making of distributions to	organizations that qualify as exempt under
section 501(c)(3) of t	he Internal Rever	nue Code or the corresponding provision of a	nny future Federal tax law.

Arteile IX: Dissolution. The Corporation may be dissolved only upon adoption of a plan of dissolution and	distribution
of assets by the Board that is consistent with the Certificate of Incorporation and with State and Federal lav	γ.
In addition, distribution of assets must be conveyed to one or more similar or associated purposes within the	e meaning of
section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or the corresponding provision of any	future Federal
tax law. If no similar purpose is identified, distribution of assets must be to a federal, state, or local entity to) serve a
public purpose. Remaining undistributed assets shall be disposed of by a court of competent jurisdiction in	the county in
which the principle office is then located, exclusively for such purposes or to such organization(s), as said	Court will
determine, which are organized and operated exclusively for such purposes.	
	1.74
The date of each amendment(s) adoption: 6/15/2022 date this document was signed.	if other than the
Effective date if applicable: 6/15/2022	
(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 document's effective date on the Department of State's records.	will not be listed as the

(CHECK ONE)

 \blacksquare The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s)

Adoption of Amendment(s)

was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated $\frac{\frac{6/15/2022}{2}}{2}$
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)
Anita P. Siubenvauch (Typed or printed name of person signing)
Board President (Title of person signing)