N22060004184

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

Office Use Only



200402884982

2023 FEB 21 PM 1.: Lt

NAY 12 2023

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

HELP 4 HO NAME OF CORPORATION:	PELESS INC
N22000004184	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning to	his matter to the following:
	Viktor Koval
	(Name of Contact Person)
	Help 4 Hopeless Inc
	0000 Tailbu Aug
	8826 Trilby Ave (Address)
	(Address)
	Jacksonville, FL, 32222
	(City/ State and Zip Code)
· -	help4hopeless.org be used for future annual report notification)
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	r, please call:
Viktor Koval	at (717) 826-8344
(Name of Contac	
Enclosed is a check for the following amount	made payable to the Florida Department of State:
X \$35 Filing Fee □\$43.75 Filing Certificate of	
Centreate of	(Additional copy is Certified Copy
	enclosed) (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

HELP 4 HOPELESS INC

(Name of Corporation as currently filed with the	e Florida D	Dept. of State)	2023 FEB 21 PA
N22000004184			11
(Docum	nent Numb	er of Corporation (if kno	wn)
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida Not For</i> .	Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporati	ion:	
N/A			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ion" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	ıble:	N/A	
(Principal office address <u>MUST BE A STREET A</u>		N/A	
		N/A	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
		N/A	
		N/A	
D. If amending the registered agent and/or registered agent and/or the new register			nter the name of the
Name of New Registered Agent:	N/A		
	N/A		
New Registered Office Address:	- -	(Flor	da street address)
	N/A		. Florida N/A
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered n. Lam fan	Agent: miliar with and accept th	e obligations of the position.
-	Si	gnature of New Register	ed 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 = Trustec; 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 V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add		N/A	
Remove			
2) Change Add		<u>N/A</u>	
Remove 3) Remove Add Remove		<u>N/A</u>	
4) Change Add		N/A	
Remove			
5) Change Add		<u>N/A</u>	
Remove			
6) Change Add		<u>N/A</u>	
Remove			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: essary). (Be specific)	
Purpose:			
Organization is organized	exclusiv	ely for charitable, religious, educational purposes,	including, for such purposes,
the making of distributio	ns to org	anizations that qualify as exampt organizations des	cribed under Section 501(c)(3)
of the Internal Revenue C	ode, or c	orrecponding section of any future federal tax code	<u>. </u>
Upon the dissolution of the	ne organi:	zation, assets shall be distributed for one or more e	xempt purposes

within the meaning of Section	501(c)(3) of the Internal Revenue Code, or correcponding section of any	
future federal tax code, or shall	be distributed to the federal government,	
or to a state or to a local gove	rment, for a public purpose.	
		
		<u> </u>
		
	-	
		
-		
		<u>.</u>
		·
The date of each amendment date this document was signed		if other than the
Effective date if applicable:	02/07/2023	
	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) oproval.	

	02/07/2023
Dated	
Signati	us Octor Royal
. 6	(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)
	Viktor Koval
	(Typed or printed name of person signing)