

1122 00000 9917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

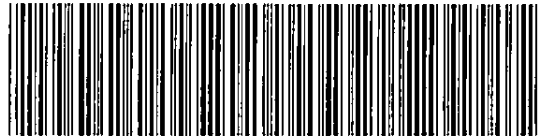
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CLERK OF STATE
TALLAHASSEE, FL

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COVER LETTER

FD- Amendment Section
Division of Corporations

NAME OF CORPORATION: DELIVERING HOPE INC.

DOCUMENT NUMBER: N22000009017

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PITCHIE S. ESCARMENT

(Name of Contact Person)

DELIVERING HOPE INC.

(Firm/Company)

550 FISHERMAN ST, #540331

(Address)

OPA LOCKA, FL 33054

(City/State and Zip Code)

DELIVERINGHOPE@a MAIL.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

PITCHIE S. ESCARMENT

305

915-9200

(Name of Contact Person)

at

(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 &
Certificate of Status | ☐ \$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

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

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FLA. DEPT. OF STATE
TALLAHASSEE, FL

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Articles of Amendment
to
Articles of Incorporation
of

Delivering Hope Inc.
Name of Corporation as currently filed with the Florida Dept. of State
022000009917
(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 to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new 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

New Registered Office Address

(Florida street address)

(City)

Florida

(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

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TALLAHASSEE, FL
STATE

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. *note: 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	PT	John Doe
Δ Remove	V	Mike Jones
Δ Add	SV	Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change ☒ Add ☐ Remove

MR

MICHAEL OLBRIKES

550 FISHERMAN ST., #5-6331
OPAL LOCKA, FL 33084

2) ☐ Change ☐ Add ☐ Remove

3) ☐ Change ☐ Add ☐ Remove

4) ☐ Change ☐ Add ☐ Remove

5) ☐ Change ☐ Add ☐ Remove

6) ☐ Change ☐ Add ☐ Remove

F. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary) (Be specific)

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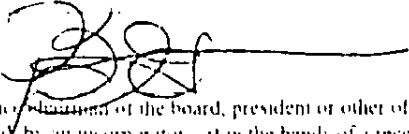
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CLERK OF DISTRICT COURT
TAMPA, FLORIDA

- ☐ 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 09/09/2024

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)

Michelle Escarmient

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

CLERK OF CIRCUIT COURT
TALLAHASSEE, FL

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