## N23000001736

(Requestor's Name)	
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PICK-UP WAIT	MAIL
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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

Hope St Pete I NAME OF CORPORATION:	NC			
N23000002736 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee ar	re submitted for filing.			
Please return all correspondence concerning this	s matter to the following:			
Esteban Orozco				
	(Name of Contact Per	son)	·····	
	(Firm/ Company)			
1224 80th ave n				
	(Address)			_
St Pete Fl 33702				
	(City/ State and Zip C	ode)		
labola84@gmail.com				
E-mail address: (to b	e used for future annual repo	n notification	n)	
For further information concerning this matter, j	please call:			
Esteban Orozco	at	904	993-0500	
(Name of Contact F	serson) (	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount m	ade payable to the Florida D	epartment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St		Certifi Certifi	Filing Fee icate of Status ied Copy tional Copy is sed)	
Mailing Address Amendment Section		et Address endment Secti	ion	

**Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

**Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

FILED

Hope St Pete Inc 2025 MAR -6 AM 10: 21 (Name of Corporation as currently filed with the Florida Dept, of State) N23000002736 (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: NA 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. NAB. 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 (Citv) (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 <math>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 Y Mike Jo SV Sally Sr	nes			
Type of Action (Check One)	Title	Name	Address		
1) Change Add X Remove	TREA	JENNINGS, BRYAN	480 28TH AVE N ST SAINT PETERSBURG, FL 33711		
2) Change Add	SEC	DORMAN, MEGHAN	490 28TH AVE N ST SAINT PETERSBURG, FL 33711		
X Remove 3) Change X Add Remove	TREA	HARVEY, JEREMIAH	1215 AHOY AVE TAMPA FL 33619		
4) Change Add	SEC	RAPSON, GENIA	9110 40TH ST N PINELLAS PARK FL 33782		
Remove  .5) Change Add	TR	RAMOS, DESIRE	2175 62nd PL S #8. St Pete, FL 33712		
Remove 6) Change Add					
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
NA					

Effective date if applicable:	(no more than 90 days after amendment file date)			
The date of each amendment(s) adoption:	, if other than the			

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)

Adoption of Amendment(s)

There are no mental adopted by the box	pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.
Dated	FEB 26 2025
Signature	Dutha hairman of the heard provident or other officer if directors
(	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)
	ESTEBAN OROZCO
	(Typed or printed name of person signing)
	PRESIDENT

(Title of person signing)

2025 HAR -6 AM 10: 21
TÄLLÄHÄSSEE. FLORIDA