N2300006403

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2029 JUL -6 AMILES SECTION OF STATE



COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION		HOPE FOUNDATIO	ON, INC.		
DOCUMENT NUMBER:	N23000006403				
The enclosed Articles of An	nendment and fee are sul	omitted for filing.			
Please return all correspond	ence concerning this mat	ter to the following:			
WISLINE NORDE EDMO	D				
		(Name of Contact P	erson)	 	
₩,iE	,, <u>,</u>	(Firm/ Compan	y)		···-
1720 NW 131 ST STREET					
		(Address)			
MIAMI. FLORIDA 33167					
		(City/ State and Zip	Code)		
WISLINEEDMOND@GM	AIL.COM				5.101.1 5.101.1 1741
E	-mail address: (to be use	d for future annual re	port notificatio	n)	5
For further information conc	erning this matter, please	e call:			~
WISLINE NORDE EDMON	₹D	at	862	400-9543	one Number)
	Name of Contact Person	1)	(Area Code)	(Daytime Telepho	one Number)
Enclosed is a check for the fo	ollowing amount made p	ayable to the Florida	Department of	State:	·
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is	

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

Enclosed)

Articles of Amendment to Articles of Incorporation of

Name of Corporation as currently filed with th	e Florida	Dept. of State)		
N23000006403	•	<u> </u>		
(Docur	nent Num	ber of Corporation (if known	own)	
Pursuant to the provisions of section 617.1006, Flomendment(s) to its Articles of Incorporation:	orida Statu	tes, this <i>Florida Not For</i>	Profit Corporation adopts the	ne following
A. If amending name, enter the new name of th	e corpora	tion:		
				The new
name must be distinguishable and contain the word <u>"Company" or "Co." may not be used in the nam</u>	•	ution" or "incorporated"	or the abbreviation "Corp."	" or "Inc."
B. Enter new principal office address, if applicable:		1720 NW 131ST STREET		
		MIAMI, FLORIDA 33167		
				<u>_</u> _
				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1720 NW 131ST STREET		
		MIAMI, FLORIDA 33167		
				_
D. If amending the registered agent and/or regi			nter the name of the	
new registered agent and/or the new register		eddress: E NORDE EDMOND		
Name of New Registered Agent:			<u></u> _	
	1720 NW 131ST STREET (Florida street address)		<u> </u>	
New Registered Office Address:		(Filor	ua sireei aaaress)	7.5
	MIAMI		, Florida 33167	57 /
		(City)	(Zip Code)	77.70
iew Registered Agent's Signature, if changing F	Registered	Agent:		्रा चित्र
hereby accept the appointment as registered agen	t. I am fa	miliar with and accept th	e obligations of the position.	L
_	Ç.	gnante of New Rogister	ed Agont, 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	PT John De V Mike Je SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) × Change Add	<u>D</u>	WISLINE NORDE EDMOND	1720 NW 131ST STREET MIAMI, FLORIDA 33167
Remove			·
2) × Change Add	<u>D</u>	NELSON EDMOND	1720 NW 131ST STREET MIAMI, FLORIDA 33167
Remove 3) × Change Add Remove	<u>D</u>	MARIE M. JEAN-BAPTISTE	1720 NW 131ST STREET MIAMI, FLORIDA 33167
4) Change Add			
Remove 5) Change Add			17. JUL 30. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17
Remove 6) Change Add			12X 120 120 120 120 120 120 120 120 120 120
E. If amending or addir (attach additional shee		cles, enter change(s) here: (Be specific)	

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		2029 JUL -6 ARTH SO SECNCTON OF STATE TALLARY SEE FL
		# A
		An III - 90 OF STATI - SEEL FL
		1 09 T
		THE YOU
The date of each amendment(s) as	doption: JUNE 23, 2023	, if other than
date this document was signed.		ii onei uun
Effective date if applicable:		
<u> </u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date we partment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were at was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s)

Dated JUNE 23. 2023	
(By the chairman of 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)	
WISLINE NORDE EDMOND	
(Typed or printed name of person signing)	
DIRECTOR/CHAIR	
(Title of person signing)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.

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