N23000012289

(1	Requestor's Name)
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(1	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions to F	iling Officer:
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2024 MAR I L PM 4: 18 2024 MAR I L AM 8: 5.3

A. RAMSEY MAR 15 2024 RECEIVED

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DIXON 4 COMMISSIONECING
DOCUMENT NUMBER: N230000 12289
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Henry DIXON (Name of Contact Person)
(Firm: Company)
755 NW 3rd Terrace
Fl. City, Fl 33034 (City/ State and Zip Code)
Hiney 6 dixon 4 commissioner. Com
F-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
(Name of Contact Person) at 786-205-0589 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee

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

FILED

(Name of Corporation as currently filed with the	ommissioner Florida Dept. of State	Inc	2024 HAR 14	<u> </u>
N23	OGOOV2289 ent Number of Corporat			· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 617.1006, Flori- amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida</i>	a Not For Profi	it Corporation adopts	the following
A. If amending name, enter the new name of the	corporation:			
Florida City Hope Common name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.		nC orporated" or th	ne abbreviation "Corp	The new or "Inc."
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD	le: DDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX</u> ,			
D. If amending the registered agent and/or regist new registered agent and/or the new registered		Florida, enter	the name of the	
Name of New Registered Agent:		. ,		
New Registered Office Address:	**************************************	(Florida sti	reet addressi	
			, Florida	
-	(City)	,, - ··	(Zip Code,	J
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	I am familiar with an			on.
	Signature of Ne	w Registered A	gent, 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add			
Remove			
2) Change Add	. .		
Remove 3) Change Add Remove			
4) Change Add			
Remove 51 Change Add			
Remove 6) Change Add	***************************************		
Remove			
E. If amending or addin (uttach additional shee		nal Articles, enter change(s) here: ssary). (Be specific)	

The date of each amendment(s) adoption:
date this document was signed.
3/8/24
Effective date if applicable: (no more than 90 days diver amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Dated	3/8/24
Signatur	(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)
	Henry Dixon
	(Typed or printed name of person signing)
	Director
	(Title of person signing)