## N2300012874

| (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



700435860187

03/04/19 HILLIAHULA \*\*LL.1.

FILED

2024 SEP -4 PM 3: 27

SEQUE TAYA SEE FL



## COVER LETTER

TO: Amendment Section Division of Corporations

| <u>.                                    </u>                               |   |  |
|--|---|--|
|  |   |  |
|  |   |  |
| nitted for filing.   |   |  |
| r to the following:  |   |  |
|  |   |  |
| Name of Contact Perso  | n)  |  |
|  |   |  |
| (Firm/ Company)  |   |  |
|  |   |  |
| (Address)  |   |  |
|  |   |  |
| (City/ State and Zip Cod   | e)  |  |
|  |   |  |
| for future annual report   | notification  | 1)   |
| call:  |   |  |
|  | 3   | 520-2077   |
|  | rea Code)   | (Daytime Telephone Number)   |
| yable to the Florida Dep   | artment of  | State:   |
| □S43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | Certif<br>Certif  | Filing Fee<br>icate of Status<br>ied Copy<br>tional Copy is<br>osed)   |
|  |   | eon.   |
|  | itted for filing.  To the following:  (Name of Contact Person (Firm/ Company)  (Address)  (City/ State and Zip Cod  for future annual report call:  at (A  yable to the Florida Dep  S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  Street | itted for filing.  r to the following:  [Name of Contact Person]  (Firm/ Company)  (Address)  [City/ State and Zip Code]  [For future annual report notification call:  at  (Area Code)  yable to the Florida Department of  [S43.75 Filing Fee & S52.50  Certified Copy (Certification can company)  (Additional copy is certification can consider the company can |

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

Hoppe Foundation Inc.

FILED

| (Name of Corporation as currently filed with the Fl   | orida Dept. of State)                 | 2024 SEP -4 PM 3: 27               |
|---|---------------------------------------|------------------------------------|
| N23000012874  |                                       | SECRETAGY -                        |
| (Document   | Number of Corporation (if known)      | SECRETARY OF STATE TALLAHASSEE, FI |
| Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:    | Statutes, this Florida Not For Profit | Corporation adopts the following   |
| A. If amending name, enter the new name of the co   | orporațion:                           |                                    |
|   |                                       | The new                            |
| name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.      | orporation" or "incorporated" or the  | cabbreviation "Corp." or "Inc."    |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD       |                                       |                                    |
|   |                                       |                                    |
|   |                                       |                                    |
| C. Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BO                  | <u>X</u> )                            |                                    |
|   |                                       |                                    |
|   |                                       | 1847                               |
| D. If amending the registered agent and/or register   |                                       | he name of the                     |
| new registered agent and/or the new registered  | office address:                       |                                    |
| Name of New Registered Agent:   |                                       |                                    |
| _   | (Florida stre                         | et address)                        |
| New Registered Office Address:  |                                       |                                    |
|   |                                       | Florida                            |
|   | (City)                                | (Zip Code)                         |
| New Registered Agent's Signature, if changing Reg<br>I hereby accept the appointment as registered agent. |                                       | gations of the position.           |
|   |                                       |                                    |
|   | Signature of New Registered Age       | ent, 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 D           V         Mike John S           SV         Sally \$ | ones   |  |
|---|---|--|--|
| Type of Action<br>(Check One)                           | <u>Title</u>  | Name   | <u>Addres</u> s                                      |
| 1) Change<br>Add  | <u>S</u>  | Renita Canty                                   | 610 E. Zack Street Suite 110-4204<br>Tampa, FL 33602 |
| <ul> <li>Remove</li> <li>Change</li> <li>Add</li> </ul> | <u>s</u>  | Andrea Aaron                                   | 610 E. Zack Street Suite 110-4204<br>Tampa, FL 33602 |
| Remove 3 ) Remove Add Remove                            |   |  |  |
| 4) Change<br>Add  |   |  |  |
| Remove 5) Change Add                                    |   |  |  |
| 6) Change Add   |   |  |  |
| E. If amending or additional sheet                      |   | ticles, enter change(s) here:<br>(Be specific) |  |
|   |   |  |  |
| -   |   |  |  |

| _  |   |
|--|---|
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| The date of each amendment(s) adoption: 08/28/2024 date this document was signed.  | , if other than the   |
| 08/28/2024   |   |
| Effective date if applicable: (no more than 90 days after ame  | ndment file date)   |
| <u>Note:</u> If the date inserted in this block does not meet the applicable statuto document's effective date on the Department of State's records. | ry filing requirements, this date will not be listed as the |

(CHECK ONE)

■ The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s)

Adoption of Amendment(s)

was/were sufficient for approval.

| . Ther | e are no members or members entitled to vote on the amendment(s). The amendment(s) was/were  |
|--------|--|
| adop   | ated by the board of directors.  |
|        | Dated  |
|        | Signature Brook (IIII)   |
|        | (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)   |
|        | Brenda Williams (Typed or printed name of person signing)  |
|        | (1) produce of produce |
|        | Oxener-President   |