| (Rec | questor's Name) | | | |
|---------------------------|------------------|-------------|--|--|
| (Add | iress) | | | |
| (Add | Iress) | | | |
| (City | /State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bus | iness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to F | iling Officer: | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



200451643632

COVER LETTER

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

SUBJECT: HOPE COMMUNITY HEALTH CENTER, INC

| Enclosed are an orig | inal and one (1) copy of the re | stated articles of incorpora | ation and a check for: |
|----------------------|---------------------------------|------------------------------|------------------------|
| ■ \$35.00 | □ \$43.75 | ☐ \$43.75 | □ \$52.50 |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, |
| | & Certificate of Status | & Certified Copy | Certified Copy |
| | | | & Certificate of |
| | | | Status |
| | | ADDITIONAL CO | PY REQUIRED |

| FROM: | HOPE COMMUNITY HEALTH CENTER, INC | | | | | | |
|-------|--|--|--|--|--|--|--|
| | Name (Printed or typed) | | | | | | |
| | 825 Derbyshire Road | | | | | | |
| | Address | | | | | | |
| | Daytona Beach, FL 32117 | | | | | | |
| | City. State & Zip | | | | | | |
| | 386-843-6737 | | | | | | |
| | Daytime Telephone number | | | | | | |
| | rehana820@hotmail.com | | | | | | |
| _ | E-mail address: (to be used for future annual report notification) | | | | | | |

NOTE: Please provide the original and one copy of the document.

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: | HOPE COHMU | NITY HEALT | H CENTE | R INC. |
|--|-------------------------------------|------------------------|----------------------------------|--|
| DOCUMENT NUMBER. | N2500 | 0004291 | ı. | |
| DOCUMENT NUMBER: | NEGOO | 500 (21) | | <u> </u> |
| The enclosed Articles of Amendmen | and fee are submit | ted for filing. | | |
| Please return all correspondence con- | cerning this matter t | o the following: | | |
| | REHANK | SIDDIQ 9 | | |
| | (N | ame of Contact Pe | rson) | |
| | | (Firm/ Company | <u> </u> | |
| | | (гини Сотрану | , | |
| | 1319 | DAK FORES | ST DR. | |
| | | OAK FORES (Address) | | |
| | OR H | onn REACH | E1 37 | 17 L |
| | (C | ity/ State and Zip (| , <u>r C 3 2</u> Jode) | -() - |
| | 920 | | | |
| E-mail ad | REHANA 820 dress: (to be used to | r future annual rep | ort notification | , |
| For further information concerning the | | | | |
| Reday | Sidde | | (3812) | 842-6737 |
| (Name o | f Contact Person) | at _ | (Area Code) | 843 - 6737 (Daytime Telephone Number) |
| Enclosed is a check for the following | | | | |
| 1 X \$35 Filing Fee □ \$43.7 | S Ellian Eng & 🗔 | C 11 75 Eiling Eng (| . □\$52.50 | Liling For |
| | | Certified Copy | | Filing Fee cate of Status |
| | | (Additional copy is | | ed Copy |
| | | enclosed) | Enclo: | ional Copy is sed) |
| Mailing Address | | | eet Address | |
| Amendment Section | | Am | endment Section | |
| Division of Corpor P.O. Box 6327 | atiOitS | | ision of Corpo : Centre of Ta | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation FILED

| | of | 2025 HAY 20 |
|---|----------------------------------|---|
| HOPE Com | munity Health | 2025 HAY 29 PM 2:20 |
| (Name of Corporation as currently filed with the Flo | rida Dept. of State) | 371- |
| N 25 | Number of Corporation (| 4 38 15 FUT |
| (Document | Number of Corporation (| f known) |
| Pursuant to the provisions of section 617,1006. Florida samendment(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 cor | poration: | |
| | | The new |
| name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name. | rporation" or "incorpore | nted" or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: | | |
| (Principal office address <u>MUST BE A STREET ADD</u> F | (ESS) | |
| | | |
| | | 44 |
| C. Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE ROX |) | |
| | | |
| | | |
| | | |
| D. If amending the registered agent and/or registere new registered agent and/or the new registered of | | da, enter the name of the |
| new registered agent and/or the new registered of | ince address: | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | | (Florida street address) |
| | | |
| | (City) | , Florida |
| | • , | (Alp Chac) |
| New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I | tered Agent: | ant the obligations of the position |
| income, weder in suprimument to regimered agent. T | ма _ј мани жил или исс | epe on conguina of the position. |
| | | |
| . | Signature of New Reg | gistered 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 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 | | John Do Mike Jo Sally Si | nes | |
|------------------------------------|---------------------|--------------------------------|-----------------------------------|---|
| Type of Action (Check One) | Title | | Name | <u>Addres</u> s |
| 1) Change Add | | | | |
| Remove | | | | |
| 2) Change Add | | | | |
| Remove 3) Change Add Remove | | | | |
| 4) Change Add | | | | |
| Remove | | | | |
| 5) Change Add | | | | |
| Remove | | | | |
| 6) Change Add | | | | |
| Remove | | | | |
| (attach additional shee. | ts, if neces | sary). | | |
| CHANGE ARTICL | | | | |
| | | | which this corporation is organ | |
| | | | | eligious, educations, and scientific purpose |
| under section so | ۱(۶)(ع) عرب کرع) |)-/- <u> </u> | the Interns Rovenue Code or the | times that qualify as exempt organization consesponding section of any future |
| federal tax code | <u></u> | <u>-</u> • | <u> </u> | The rest of the last of the last |

Add an article stating the following:

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Third hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

| Add | Qin. | article | stating | the | following: | |
|-----|------|---------|---------|-----|------------|--|
| , | | • | () | | J | |

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

| The date of each amendment(s) adoption:date this document was signed. | 05/23/2025 | , if other than the |
|---|--|---------------------|
| Effective date <u>if appl</u> icable: | | |
| (no moi | re than 90 days after amendment file date) | |

<u>Note:</u> 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.

| ב | 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 <u>5/23/2025</u> | | |
| | 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 | <u> </u> | |
| | other court appointed fiduciary by that fiduciary) REHAMA Siddiaui | | |
| | (Typed or printed nather of person signing) | | |
| | President (Title of person signing) | | |
| | , | 2025 HAY 29 | 77. |
| | | <i>i</i> o −n | |
| | | M 2: 20 | |
| | | , ,,, | |