N98000001450

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	s of America, Ir	ic.	
N9800001450			
The enclosed Articles of Amendment and fee are submi	tted for filing.		
Please return all correspondence concerning this matter	to the following:		
Alexander M. Casatelli			
(1	Name of Contact Perso	n)	
Hope Enterprises of America, Inc.			
	(Firm/ Company)		
1629 Gulf Road			
	(Address)		
Tarpon Springs, FL 34689			
(0	City/ State and Zip Cod	le)	
amcmba@hotmail.com			
E-mail address: (to be used for	or future annual report	notification)
For further information concerning this matter, please ca	all:		
Alexander M. Casatelli	at 7	27	934-1524
(Name of Contact Person)		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pays	able to the Florida Dep	artment of S	State:
□ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	0 Filing Fee icate of Status ied Copy tional Copy is used)
Mailing Address Amendment Section Division of Corporations	Amen	Address dment Section of Corpo	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Hope Enterprises of America, Inc.		
(Name of Corporation as cu	rrently filed with the Flo	rida Dept. of State)
N98000001450		
- (Document N	umber of Corporation (if I	known)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not F	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
N/A		en.
name must be distinguishable and contain the word "corp	poration" or "incorporate	The new
"Company" or "Co." may not be used in the name.		or or the acceptance of the
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRE	<u>ESS</u>)	
		. 72
		三
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	88 6
(management)		7 7 7
		<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		, enter the name of the
N//		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	····
New Projection of Office Address	(F	lorida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent:	
hereby accept the appointment as registered agent. I a		t the obligations of the position.
	Signature of New Regis	stered 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	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PSD	Mary L Casatelli	816 Quail Lane
Add			Tarpon Springs, FL 34689
X Remove			
2) X Change	PTD	Alexander M Casatelli	4943 Calais Drive
Add			Holiday, FL 34690
Remove			
3) X Change	VSD	Sasha M Casatelli	7320 Mahaffey Dr Apt C
Add			New Port Richey, FL 34653
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Remove Officer, Title: PSD
Mary L Casatelli
816 Quail Lane, Tarpon Springs, FL 34689
•
Change Officer, Title: VTD to New Title: PTD
Alexander M Casatelli
4943 Calais Drive, Holiday, FL 34690
Change Officer, Title: VD to New Title: VSD
Sasha M Casatelli
7320 Mahaffey Drive, New Port Richey, FL 34653

The date of each amendment(s) adoption: date this document was signed.	, if other than the
November 1, 2016 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ill not be listed as the
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.	s)
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 November 1, 2016 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 other court appointed fiduciary by that fiduciary)	
Alexander M. Casatelli	
(Typed or printed name of person signing)	
Chairman of the Board	
(Title of person signing)	