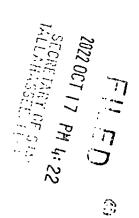
N98000001557

Office Use Only



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10/17/22--01019--008 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

NEW HOPE MIN NAME OF CORPORATION:	NISTRIES INTERNATIONAL, INC.
N98000001557	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
MARIE MAUD MORIN	
	(Name of Contact Person)
NEW HOPE MINISTRIES INTERNATIONAL, I	NC.
	(Firm/ Company)
12901 NW MIAMI CT	
, , , , , , , , , , , , , , , , , , , ,	(Address)
MIAMI, FLORIDA 33168	
	(City/ State and Zip Code)
MAUMAUDI1@GMAIL.COM	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
MARIE MAUD MORIN	305 766-2620 at
(Name of Contact Pers	
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu	
Mailing Address	Street Address

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 Articles of Incorporation

	. ^
	Articles of Amendment to Articles of Incorporation of INC the Florida Dept. of State
NEW HOPE MINISTRIES INTERNATIONAL, I	INC
(Name of Corporation as currently filed with the	e Florida Dept. of State)
N98000001557	
(Досил	nent Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:
name must be distinguishable and contain the word "Company" or "Co." may not be used in the num.	The new d "corporation" or "incorporated" or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)
D. If amending the registered agent and/or reginew registered agent and/or the new register	istered office address in Florida, enter the name of the red office address:
Name of New Registered Agent:	7833 Shalinar St Miraman, FL33023
New Registered Office Address:	
	(City) , Florida
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: at. I am familiar with and accept the obligations of the position. Signature of New Registered 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 De V Mike Jo SV Sally St	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) × Change Add	<u>T</u>	EVELYNE MEDOIT	
Remove			
2) Change Add			
x Remove 3) Change Add Remove	<u>T</u>	PAULETTE ZAMOR	
4) Change Add			
Remove			
5) Change Add			
Remove			<u> </u>
6) Change Add			
Remove		_	
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
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	.	<u> </u>
date this document was signed	option:	
Differtive data if applicables	(no more than 90 days after amendment file date)	
Effective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date will nuartment of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast for the amendment(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 9/20/2> Signature /////orin
(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)
MARIE MAUD MORIA) (Typed or printed name of person signing)
Resident
(Title of person signing)

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