P13000043338

(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

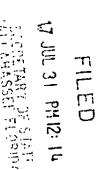


500300327475

07/31/17--01001--011 **35.00

S. TALLENT AUG 1 0 2017

mend



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: HOPEN INV COR	RP		
	BER: P13000043338			
	of Amendment and fee are su	abmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	SIMAO LAWANT NETO			
		Name of Contact Person	1	
	HOPEN INV CORP			
		Firm/ Company		
	2106 SCHAUB CT			
		Address		
	GOTHA, FL 34734			
		City/ State and Zip Code	e	
For further information	on concerning this matter, pleas			
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Address	
	endment Section	Amendment Section		
	ision of Corporations . Box 6327		n of Corporations Building	
•	lahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HOPEN INV CORP	
(Name of Corporation as	s currently filed with the Florida Dept. of State)
P13000043338	
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
	The new
	orporation," "company," or "incorporated" or the abbreviation Inc." or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	<u> 원</u> 없 석
(Principal office address MUST BE A STREET ADDRES	
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered of new registered agent and/or the new registered office 	
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. 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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	P	LAWANT NETO, SIMAO	2106 SCHAUB CT	
Add			GOTHA, FL 34734	
X Remove				
2) X Change	D	COULOURIS LAWANT, GISELLA	2106 SCHAUB CT	
Add			GOTHA, FL 34734	
Remove				
3) X Change	D	LAWANT-NELSON, JULIA	2106 SCHAUB CT	
Add			GOTHA, FL 34734	
Remove				
4) X Change	D	COULOURIS LAWANT, LAIS	2106 SCHAUB CT	
Add			GOTHA, FL 34734	
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
·- ··· ··· ··· ··· ··· ··· ··· ··· ···		
		
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and and an analysis of the angular itself:	
(if not applicable, indicate N/A)	numerical necessaries in the amendment users.	
	·	
·		

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable: 3047 20 2017 (no more than 90 days after amenda	
(no more than 90 days after amenda	nent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes ca by the shareholders was/were sufficient for approval.	st for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the	The following statement he amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for appr	oval
by	''
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	on and shareholder
Dated JULY 20297)
Signature	
(By a director, president or other officer - in directors or o	
selected, by an incorporator if in the hands of a receiver	, trustee, or other court
appointed fiduciary by that fiduciary)	
SIMAO LAWANT NE (Typed or printed name of person signi	TO
(Typed or printed name of person sign	ng)
(Title of person signing)	
(Title of person signing)	