## P19000064719

(Red	questor's Name)	
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1/21/2023

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: WALF	CING WITH	HOPE CORP	
DOCUMENT NUMBER: P19000064			
The enclosed Articles of Amendment a	nd fee are su	bmitted for filing.	
Please return all correspondence concer	ning this ma	tter to the following:	
MILMA LEYVA	A QUEIJA		
	·	Name of Contact Persor	
WALKING WIT	тн норе со	DRP	
	•	Firm/ Company	<del></del>
5753 W 15TH C	т		
		Address	
HIALEAH, FL 3	3012		
		City/ State and Zip Code	<u> </u>
leyvamilma@yal	hoo.com		
E-mail addr	ess: (to be us	ed for future annual report	notification)
For further information concerning this MILMA LEYVA QUEIJA	matter, pleas		416-3576
Name of Contact Person		Area Co	) 416-3576 de & Daytime Telephone Number
Enclosed is a check for the following at	mount made		
■ \$35 Filing Fee □\$43.75 Fi Certificate	ling Fee & e of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
			ment Section n of Corporations
P.O. Box 6327 Tallahassee, FL 3231	4		entre of Tallahassee
rananassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

WALKING WITH HOPE CORP

2022 OCT 24 AH 7: 48

(Name of Corporat	tion as currently	filed with the Florida Dept. of State) SECRAL 1997 CF RE
P19000064719		TALLALIASSEE, F
(Docu	ment Number of (	Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this <i>Fl</i>	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	corporation:	
N/A		The new
	." or "Co". A	mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable	f annlicable	N/A
(Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX</u> )	N/A
D. If amending the registered agent and/or registe		ss in Florida, enter the name of the
new registered agent and/or the new registered	d office address:	
Name of New Registered Agent N/A	<del></del>	
-	(Florida stree	t address)
New Registered Office Address: N/A		en . ( )
New Registerea Office Address:	10	, Florida
New Registered Agent's Signature, if changing Re		
I hereby accept the appointment as registered agent.	I am familiar wi	th and accept the obligations of the position.
Sign	nature of New Reg	istered Agent, if changing
Check if analisable		
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s.	. 607.0120 (11) (e	), F.S.

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)

Example:

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	$\underline{\mathbf{V}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	VP	MANUEL GONZALEZ	5753 W 15TH CT	
Add			HIALEAH, FL 33012	
X Remove			·	
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		· · · · · · · · · · · · · · · · · · ·		
Add				
Remove				
6) Change			_	
Add				
Remove				

	h additional sheets, if necessary). (Be specific)
-	
I¢	
20 17	amendment provides for an exchange, reclassification, or cancellation of issued shares, isjons for implementing the amendment if not contained in the amendment itself:
DEOL	(if not applicable, indicate N/A)
prov	ch my appreciate transfer
prov	

N/A The date of each amendment(s) adoption:, if other than the date of each amendment(s) adoption:, if other than the date of each amendment(s) adoption:, if other than the date of each amendment(s) adoption:, if other than the date of each amendment(s) adoption:, if other than the date of each amendment(s) adoption:, if other than the date of each amendment(s) adoption:
late this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to locument's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
Signature  (By a director president or other officer – if directors or officers have not been selected, by an invorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
MILMA LEYVA QUEDA
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)