P20 00000 8159

(Requestor's Name)	
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C. GOLDEN

00T 1 1 2020

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: HOPE & DREAMS HEALTHCARE SERVICES INC DOCUMENT NUMBER: P20000008159 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CARLOS PEREZ Name of Contact Person C PEREZ PROFESSIONAL SERVICES INC Firm/ Company 4343 W WATERS AVE Address TAMPA, FL 33614 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813) 249-2300
Area Code & Daytime Telephone Number **CARLOS PEREZ** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

2020 ATT 28 PH 12: 57

HOPE & DREAMS HEALTHCARE SERVICES INC

WICES INC 28 PH 12: 57

(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
P20000008159	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co" A professional corporation page must contain the
B. Enter new principal office address, if applicable:	130 S MOON AVE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	BRANDON, FL 33511
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	130 S MOON AVE
	BRANDON, FL 33511
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	dress in Florida, enter the name of the
Name of New Registered Agent	
(Florida si	reet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.
Signature of New I	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 = ChiefExecutive 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	REINALDO II GONZALEZ	130 S MOON AVE
XAdd			BRANDON, FL 33511
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

DD EIN # 84-4548764	(Be specific)	
DD CIV # 94-4349704		
	4	
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If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself;	
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	
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provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	

The date of each amendment date this document was signed	
Effective date if applicable:	08/25/2020
	(no more than 90 days after amendment file date)
Note: If the date inserted in document's effective date on the	this block does not meet the applicable statutory filing requirements, this date will not be listed a he Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.
☐ The amendment(s) was/wer must be separately provide	re approved by the shareholders through voting groups. The following statement ed 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)
	(voting group)
☐ The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
08/25/ Dated	2020
Signature _	Manuelle.
sel	y variector, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	YUNIET BENITEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)