## N22000008734

(Re	equestor's Name)	
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Pine Street Veterans T	ransition House, Inc.			_	
N DOCUMENT NUMBER:	22000008734				_	
The enclosed Articles of Ame	ndment and fee are subm	itted for filing.				
Please return all corresponden	nce concerning this matter	to the following:				
Charlene Smith					_	
		Name of Contact Person	)			
Pine Street Veterans Transition	on House, Inc.					
<del></del>		(Firm/ Company)				
361963 Pine Street						
		(Address)			_	
Hilliard, FL 32046						
		(City/ State and Zip Code	:)			
CharleneSmithRN@yahoo.c	om					
Е.	-mail address: (to be used	for future annual report	notification	n)		
For further information conc	erning this matter, please	call:				
Charlene Smith		90- at		707-5599	<u></u> ~	
	(Name of Contact Person		ea Code)	(Daytime Telephone Number)	2022 :	
Enclosed is a check for the f	ollowing amount made p	ayable to the Florida Dep	artment of	State:	359 ( )	
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	Certified Copy	Certif	0 Filing Fee :	<u></u>	•
		(Additional copy is enclosed)		ied Copy tional Copy is	77	;
		_			c.: cò	427
Mailing A	Address ent Section	Amen	Address dment Sect		. ;;	
	of Corporations		on of Corp			
P.O. Box				Callahassee		
Taliahasse	ee, FL 32314		N. Monro assec, FL	e Street, Suite 810 32303		

## Articles of Amendment to Articles of Incorporation of

ame of Corporation as currently filed with the Florida Dept. of State)	
22000008734	
(Document Number of Corporation (if know	vn)
rsuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For P tendment(s) to its Articles of Incorporation:	Profit Corporation adopts the following
If amending name, enter the new name of the corporation:	
'a	The new
ime must be distinguishable and contain the word "corporation" or "incorporated" of Company" or "Co." may not be used in the name.  p/a	or the abbreviation "Corp." or "Inc."
Enter new principal office address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS	
<del></del>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	
. If amending the registered agent and/or registered office address in Florida, e	nter the name of the
new registered agent and/or the new registered office address;	
new registered agent and/or the new registered office address:	
new registered agent and/or the new registered office address:	
new registered agent and/or the new registered office address:  Name of New Registered Agent:	, -
Name of New Registered Agent:    Name of New Registered Agent:   1/a   1	rida strect address)
new registered agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address:	•
new registered agent and/or the new registered office address:    Name of New Registered Agent:   n/a	•
new registered agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address:	rida strect address), Florida (Zip Code)
new registered agent and/or the new registered office address:  Name of New Registered Agent:  (Flor New Registered Office Address: n/a	, Florida (Zip Code)
Nume of New Registered Agent:  New Registered Office Address:    New Registered Office Address	, Florida (Zip Code)

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.

<u>PT</u> <u>V</u> <u>SV</u>	<u>John Doe</u> Mike Jones Sally Smith	
<u>Title</u>	<u>Name</u>	<u>Addres</u> s
	n/a	
	n/a	
	n/a	
	n/a	
	n/a	
	n/a	
ing additi ets, if nec	onal Articles, enter change(s) here essary). (Be specific)	
проse: Ti	ne organization is organized exclusively for c	charitable, religious, educational, and scientific
501(c)(3)	of the Internal Revenue Code, or correspond	ing section of any future federal tax code.
olution Cl	ause: Upon the dissolution of this organization	on, assets shall be distributed for one or more
the mean	ing of section 501(c)(3) of the Internal Rever	nue Code, or corresponding section of any
	Y SY  Title  ing addition of the mean	Mike Jones SV Sally Smith  Title Name   n/a  n/a  n/a  n/a

		<del></del>
		<del></del>
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		<del></del>
<del></del>		
The date of each amendment(s) ado date this document was signed.	ption: 8/16/2022	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date will rartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	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.  By the charmen 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)  Charlene Smith
(Typed or printed name of person signing)
President (Title of person signing)