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(Cit	ty/State/Zip/Phone	#)
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SECRETARY OF STATE BIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	A HOUSING OF TAI	LAHASSEE, FLORIDA, INC.
DOCUMENT NUMBER: 716371		
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Skip Smith		
	(Name of Contact Person))
	(Firm/ Company)	
1195 Live Oak Plantatio	n Rd	
	(Address)	-
Tallahassee, FL 32312		
	(City/ State and Zip Code	e)
ssmith@ccbg.cor	m	
E-mail address: (to be use	d for future annual report	notification)
For further information concerning this matter, please	e call:	
Skip Smith	_{at} 850	402-7718
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida Depa	artment of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division Clifton 2661 E	Address ment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation

EPSILON SIGMA HOUSING OF TALLAHASSEE, FLORIDA, INC.

(Document Number of Corp	poration (if known)	_
·		dha Gallandas
resuant to the provisions of section 617.1006, Florida Statuendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not For Proja Corporation</i> adopts	ine tollowing
If amending name, enter the new name of the corpor		
Alpha Tau Omega Fraternity, Inc E		The new
me must be distinguishable and contain the word "corpo Company" or "Co," may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp	o." or "Inc."
Enter new principal office address, if applicable:		
rincipal office address <u>MUST BE A STREET ADDRES</u>	733 W. Pensacola Street	
	Tallahassee, FL 32304	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	P.O. Box 10133	
	Tallahassee, FL 32302	12
		TAY OF
If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent:		12 MAY 24 AP
		24 AM 9:
Name of New Registered Agent:		24 M 9: 17
new registered agent and/or the new registered office Name of New Registered Agent: ew Registered Office Address:	e address: (Florida street address), Florida	24 AM 9: 47
new registered agent and/or the new registered office	e address: (Florida street address), Florida	24 AM 9: 47

Page 1 of 4

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change Add Remove				
2) Change Add Remove				
3) Change Add Remove		_		
4) Change Add Remove		_		
5) Change Add Remove		_		
6) Change Add Remove		_		

Ε,	If amending or adding additional Art (attach additional sheets, if necessary).	icles, enter cha	nge(s) here:		
	(attach additional sheets, if necessary).	(Be specific)			
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The date of each amendment(s) adoption: IVIAY ZZ, ZU IZ						
Effective date if applicable:						
	(no more than 90 days after amendment file date)					
Adoption of Amendment(s)	(CHECK ONE)					
The amendment(s) was/we was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) proval.					
	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 May	y 22, 2012					
Signature	Wit Some					
(By the have n	chairman or vice chairman of the board, president of other officer-if directors ot been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)					
William	P. Smith, Jr.					
	(Typed or printed name of person signing)					
Preside	ent					
	(Title of person signing)					