716445

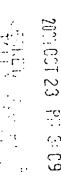
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COVER LETTER

TO: Amendment Section Division of Corporations

Mount Olive Gar	dens No. 1, Inc.	-	
716445 DOCUMENT NUMBER:			
	1. 1. 1.2 (21)		
The enclosed Articles of Amendment and fee are s	submitted for filing.		
Please return all correspondence concerning this m	natter to the following:		
Elaine Johnson James			
	(Name of Contact Person)	
Elaine Johnson James, P.A.			
	(Firm/ Company)		
P.O. Box 31512			
	(Address)		
Palm Beach Gardens, FL 33420			
	(City/ State and Zip Code	2)	7. 2.
cjames@elainejohnsonjames.com			C TAREL
E-mail address: (to be u	used for future annual report r	iotification)	ù
For further information concerning this matter, ple	ease call:		,
Elaine Johnson James	561 at		
(Name of Contact Per	rson) (Ar	ea Code) (Daytime	Telephone Number)
Enclosed is a check for the following amount mad			
\$35 Filing Fee Certificate of State	& U\$43.75 Filing Fee & us Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Stat Certified Copy (Additional Copy Enclosed)	tus

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Mouth Office Gardens No. 1, Inc.				
(Name of Corporation as currently filed with th	e Florida	Dept. of State)		
716445				
(Docur	nent Num	ber of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:			adopts the	following
A. If amending name, enter the new name of th	e corpora	ition:		Tha man
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ation" or "incorporated" or the abbreviation	n "Corp." o	_The new or "Inc."
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET A	- ıble:	<u> </u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	c/o New Mount Olive Baptist Church	<u> </u>	1917
		400 NW 9th Avenue	7.1.7	651
		Fort Lauderdale, FL 33311		2021 001 23
D. If amending the registered agent and/or reginew registered agent and/or the new register			the	70
new registered agent and/or the new register		ohnson James	٠.	၁
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		<u> </u>
	722 Eve.	mia Street, Apt. PH-11		
New Registered Office Address	:	(i·lorido street address)		
	West Pa	lm Beach	33401 ida	
		(City) (Zi	ida p Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registere n. I am fe	d Agent: amiliar with and accept the obligations of the	e position.	
-		Signature of New Registered Agent, if chang	ing	

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 X Remove X Add	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add			
Remove			
2) Change Add			7874 OCT 23
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	
SEE ATTACHED PAGE	<u> </u>		

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		2/12/10/17 23
		TO DIT
		- 2
		•••
		3:09
		9.09
The date of each amendment(s) adoption: date this document was signed.	October 4, 2024	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	o more than 90 days after amendment file date)	
	not meet the applicable statutory filing requirements, this da	ate will not be listed as the
	CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendm	nent(s)

adopted by the board of dire	ctors.
Oct. 5, 20 Dated)24
Signature (with Fill -
(By the ch have not	airman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator — if in the hands of a receiver, trustee, or irt appointed fiduciary by that fiduciary)
Jonath	nan Allen
	(Typed or printed name of person signing)
Presid	lent
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

AMENDMENTS TO ARTICLE II OF THE 1969 ARTICLES OF INCORPORATION OF MOUNT OLIVE GARDENS APARTMENTS NO. 1, INC.

Sections (a) and (b) of Article II hereby are amended to provide:

- (a) The general nature of the objects and purposes of this corporation shall be to engage in any lawful business activity, but not limited to, providing, on a non-profit basis, (i) affordable housing for low and moderate income families, and families displaced from urban renewal areas or as a result of governmental action, particularly where no adequate housing exists for such groups, pursuant to Section 221 (d)(3) of the National Housing Act, as amended, and (ii) community impact programs.
- (b) This corporation is irrevocably dedicated to, and operated exclusively for, nonprofit purposes; and no part of the income or assets of the Corporation shall be distributed to, nor inure to the benefit of, any individual or for-profit entity.

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