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JUN 2 0 2017 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ARETE HOUSING CO	RPORATION		
7369	115			
DOCUMENT NUMBER:				
The enclosed Articles of Amenda	nent and fee are submitt	ed for filing.		
Please return all correspondence	concerning this matter to	the following:		
BEN'S KENNDY JR ESQ.				
	(N	ame of Contact Per	son)	
KENNEDY AND KENNEDY, I	Y.			
		(Firm/ Company)		
14 SE 4TH STREET, NUMBER	₹ 36			
		(Address)		
BOCA RATON FL 33432				
	(Ci	ity/ State and Zip C	ode)	
BEN@BKENNEDYLAW.COM				
E-mai	address: (to be used for	r future annual repo	rt notification)
For further information concerning	g this matter, please cal	l:		
BEN KENNEDY		at	561	750-8535
(Nar	ne of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the follow	ring amount made payab	ole to the Florida De	epartment of S	State:
	(\$43.75 Filing Fee & Certified Copy Additional copy is enclosed)	Certifi Certifi	Difiling Fee cate of Status ed Copy ional Copy is sed)
Mailing Address		Stre	et Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ARETE HOUSING CORPORATION			
(Name of Corporation as	currently filed with the F	lorida Dept. of State)	
736915			
(Document	t Number of Corporation (i	f known)	
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not	For Profit Corporation adopt	s the following
A. If amending name, enter the new name of the co	rperation:		
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	orporation" or "incorpora	ited" or the abbreviation "Co	The new rp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		·	
The state of the s		, <u></u>	
			1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	Y		
(Maning and Co. Mart Bl. A TOST (ATTICE BO)			
	-		<u> </u>
D. If amending the registered agent and/or register	ed office address in Florid	ia, enter the name of the	
new registered agent and/or the new registered of	office address:	,	
Name of New Registered Agent:			
New Registered Office Address:	(Florida street address)		
		, Florida	
	(City)	(Zip Code	2)
New Registered Agent's Signature, if changing Regi			
I hereby accept the appointment as registered agent.	I am familiar with and acce	ept the obligations of the posit	ion.
	Signature of New Res	gistered 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=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	<u>V</u> <u>Mik</u>	<u>n Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	p	MIKE FIMIANI	399 W PALMETTO PARK RD
Add			SUITE 106
Remove			BOCA RATON FL 33432
2) X Change	VP	TYLER GARRY	3453 SILVER MEADOW WAY
Add			PLANT CITY FL 33566
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)
77 27 LL B	·
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	date of each amendment(s) adopt	ion:	, if other than the
date	this document was signed.		
Effe	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this block of the date on the Depart	does not meet the applicable statutory filing requirements, this date will no ment of State's records.	ot be listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	
	There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
	JUNE 6, 2017 Dated	-A	
	Signature		<u></u>
	have not been s	n or vice chairman of the board, pre∮ident or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or ointed fiduciary by that fiduciary)	
	MIKE FIMI	ANI	
		(Typed or printed name of person signing)	
	PRESIDEN	r	
		(Title of person signing)	