738479

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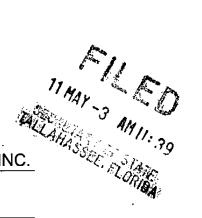
JR 5-9-11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: THE ELDERLY	HOUSING CORP. OF HI	ALEAH, INC.
DOCUMENT NUMBER: 738479		
The enclosed Articles of Amendment and fee are subm	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
	ON LARA	
(Name of C	ontact Person)	
THE ELDERLY HOUSING CO	RPORATION OF HIALEAH, I	NC.
(Firm/ C	Company)	
75 EAST 6	TH STREET	
THE STATE OF THE S	dress) Complete Complete Communication of the Commu	
HIALEAH	I, FL 33010	araya ji
(City/ State	and Zip Code)	
	* * * * * * * * * * * * * * * * * * *	
	ahhousing.org for future annual report notification)	
·		,
For further information concerning this matter, please c	eall:	
NELSON LARA	at (305) 888-9744	
(Name of Contact Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for the following amount made pay	vable to the Florida Department of S	tate:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)	Certificate of Status Certified Copy Additional Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	is enclosed)
Tallahassee, FL 32314	2661 Executive Center Circl Tallahassee, FL 32301	le

Articles of Amendment to **Articles of Incorporation** of



(Name of Corporation as curre	ORPORATION OF HIALEA ntly filed with the Florida Dept. of S	
7	738479	
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, he following amendment(s) to its Articles of Inc.		Profit Corporation adopts
A. If amending name, enter the new name of	the corporation:	
HIALEAH HOU	SING AUTHORITY, INC.	
The new name must be distinguishable and co abbreviation "Corp." or "Inc." <u>"Company" or</u>	ontain the word "corporation" or "ir r "Co." may not be used in the name.	ncorporated" or the
B. <u>Enter new principal office address, if appl</u> Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFIC</u>	<u></u>	
D. If amending the registered agent and/or renew registered agent and/or the new regis		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
_		, Florida (Zip Code)

Signature of New 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)

Title Name <u>Address</u> Type of Action ☐ Add ☐ Remove ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: U4/13/2011		
	(date of adoption is required)	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.	
There are no members or mem adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated	4/13/14	
Signature		
	chairman or Mice chairman of the board, president or other officer-if directors	
	t been selected, by an incorporator - if in the hands of a receiver, trustee, or	
other co	ourt appointed liduciary by that fiduciary)	
	\ JULIO PONCE	
_	(Typed or printed name of person signing)	
	VPD	
	(Title of person signing)	

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