## 76/086

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12/27/11--01054--010 \*\*43.75

Amend Brown 1229-11

## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** 

Amendment Section

Tallahassee, FL 32314

P.O. Box 6327

**Division of Corporations** 

NAME OF CORPORATION: 1 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Address) (City/ State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) enclosed) **Mailing Address** Street Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

•		
f	Articles of Amendment	Žu.
	to Articles of Incorporation	OF THE PER
Jordan (	Troup Homes	JOC. TALEGRAPHASSECTION
(Name of Corporation as current	ly filed with the Florida Dept. of State	\$\tag{\chi_{\chi_{\chi_{\chi}}}}
'14	1086	
(Documen	nt Number of Corporation (if known)	
rsuant to the provisions of section 617. endment(s) to its Articles of Incorporate		For Profit Corporation adopts the following
If amending name, enter the new na	me of the corporation:	
		The new
ne must be distinguishable and contair ompany" or "Co." may not be used in	r the word "corporation" or "incorporat The name	ted" or the abbreviation "Corp." or " Inc."
Enter new principal office address, incipal office address MUST BE A ST		
,		
Enter new mailing address, if applied	cable:	
(Mailing address <u>MAY BE A POST</u> (		
		·
If amending the registered agent and new registered agent and/or the new	<u>d/or registered office address in Florid</u> v registered office address:	a, enter the name of the
Name of New Registered Agent:		
	(Florida luxer address)	<u> </u>
w Registered Office Address:		
		, Florida
	(City)	, Florida (Zip Code)
Registered Agent's Signature, if ch		
	ered agent. I am familiar with and accep	pt the obligations of the position.
Sigi	nature of New Registered Agent, if chang	ging

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: XChange	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	0	Vianca Jordan	15551 NG 13th awa
2) Change Add	C20, D	Natalie Jordan	19120 no 43 ct miam 171-33000
Remove  3 ) Change Add Remove	D	Michael Coley	10318 NO 14th C+
4) Change Add Remove	<u>S</u>	Sylvia Curtis	9615 NW 967st Tamarac. 91. 39321
5) Change Add Remove	<del></del>		
6) Change Add Remove			

E. <u>If amending or adding additional Arti</u> (attach additional sheets, if necessary).	(Be specific)				
	•				
			·		
				44-4-	
				<del></del>	
		-			

The date of each amendment(s) adoption: 12-19-2011			
Effective date <u>if applicable</u> :			
	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
☐ The amendment(s) was/were awas/were sufficient for approve	lopted 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 direct	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.		
Dated	envoes 19,001		
Signature	ulce perday		
	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator — if in the hands of a receiver, trustee, or		
	appointed fiduciary by that fiduciary)		
	Halie broken		
	(Typed or printed name of person signing)		
	Hasident		
	(Title of person signing)		