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TO: Amendment Section Division of Corporations

Habitat for E	lumanity of Broward
769100	
DOCUMENT NUMBER:	<u> </u>
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
Nancy Robin	
·	(Name of Contact Person)
Habitat for Humanity of Broward	
	(Firm/ Company)
3564 North Ocean Blvd	
•	(Address)
Fort Lauderdale FL 33308	
	(City/ State and Zip Code)
nancy@habitatbroward.org	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	r, please call:
Melonie Bully-Chambers	954-396-303C ext 207
(Name of Contac	t 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 Certificate of	Status Certified Copy (Additional copy is enclosed) Status Certified Copy (Additional Copy is Enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

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

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SECRETARY OF STATE TRELABASSEE FEORIDA

Habitat for Humanity of Broward, INC

Thought for Humanny or Dioward . Ic		WERWINGOUS LEGALINA
(Name of Corporation	as currently filed with the Flo	rida Dept. of State)
769100		
(Docum	ent Number of Corporation (if)	known)
Pursuant to the provisions of section 617.1006. Flori amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Not F</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
Same		The new
name must he distinguishable and contain the word "Company" or "Co." may not he used in the name		
B. Enter new principal office address, if applicab	3564 North Ocean B	Blvd
(Principal office address <u>MUST BE A STREET Al</u>		308
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	Same	
	Same	
	same	
D. If amending the registered agent and/or regist	tered office address in Florida	enter the name of the
new registered agent and/or the new registere		The many of the
Name of New Registered Agent:	SAME	
	SAME	
	(F	lorida street address)
New Registered Office Address:		
_	SAME	, Florida SAME
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reliatory accept the appointment as registered agent.		t the obligations of the position.
_	Signature of New Regis	stered 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>	Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	Executiv	Bill Feinberg	616 W OAKLAND OARK BLVD
Add	Hember		WILTON MANORS FL 33311
Remove			
2) Change	СОВ	Robert Taylor Jr.	1633 SE 17TH ST
X Add			FT LAUDERDALE FL 33316
Remove	Vice CO	Kelly Kołb	401 E Las Olas Blvd Ste 2250
3) Change X Add			Ft Lauderdale FL 33301
Remove			
4) Change	Secretar	Robert Barron	350 East Las Olas Blvd STE 1000
X Add			Ft Lauderdale FL 33301
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional she	ets, if nécessary). (E	Be specific)			
NA					
			<u> </u>		
					
					
					

	h amendment(s) adoption:	if other than the
late this docum	ent was signed.	
Effective date <u>i</u>		
	(no more than 90 days after amendment file date)	
Note: If the dat locument's effe	e inserted in this block does not meet the applicable statutory filing requirements, this date will not ctive date on the Department of State's records.	t be listed as the
Adoption of Ar	nendment(s) (<u>CHECK ONE</u>)	
	ment(s) was/were adopted by the members and the number of votes cast for the amendment(s) ufficient for approval.	
	no members or members entitled to vote on the amendment(s). The amendment(s) was/were the board of directors.	
D	ated 10/17/2017	
Si	gnature	
31	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
	Nancy Robin	
	(Typed or printed name of person signing)	
	CEO/ President	
	(Title of person signing)	