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R. WHITE

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6 MAR -1 PM 5: 40

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: FEDERA	AL HOUSIN	6 CORPORATION
DOCUMENT NUMBI	ER: K80	929	
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
- - -	Lex I 100 SE Miamo Lex Iv	Name of Contact Person Internatio Firm/Company 2nd Stree Address FL 3 City/State and Zip Code Sa QaoL	et # 2222 3131 . com
For further information	concerning this matter, pleas	sed for future annual report se call:	normeation
Wame of	Smejda Contact Person	at (30 5	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fec & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Maili</u>	ing Address	Street	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

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16 MAR -1 PM 5: 43

FEDERAL '	HOUSING	CORPORATE	TOBOX SY OF STATE
(<u>Name</u>	of Corporation as cur	rently filed with the Florid	la Depthof State LUITOA
	K 80	929	
	(Document Num	ber of Corporation (if known	1)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes,	this <i>Florida Profit Corpord</i>	ation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporatio	<u>n:</u>	
name must be distinguishable and cor "Corp.," "Inc.," or Co" or the design word "chartered," "professional associations of the contract of t	nation "Corp," "Inc,"	or "Co". A professional of	The new incorporated" or the abbreviation corporation name must contain the
B. Enter new principal office address,			
(Principal office address <u>MUST BE A S</u>	STREET ADDRESS)		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
D. If amending the registered agent an new registered agent and/or the ne			the name of the
Name of New Registered Agent		uress:	
	(Flori	da street address)	
New Registered Office Address:			, Florida
- 		(City)	(Zip Code)
New Registered Agent's Signature, if of I hereby accept the appointment as regis			ligations of the position.
	Signature of N	New Registered Agent, if cha	nnging

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.

X Change	<u>PT</u> <u>John I</u>	Doc	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V.P	PEREZ, G.	444 Brickell Ave
Add _ X Remove			# 51-246 Miani, FL 33131
2) Change	DPS	SEM, T.	444 Brickell Ave # 51-246
Add Remove 3) Change Add	<u>DP</u>	CONSTANTE, JUAN	Mian.; FL 33131 444 Brickell Ave # 51-246
Remove 4)	VPS	SMEJDA, LUCIUS	Miani, FL 33131 100 SE 2nd St +2222 Miani, FL 33131
5) Change Add Remove	TAS	NUM, AMMET ALPAY	444 Brickel) Ave # 51-246 Miani, FL 33131
6) Change Add Remove			

tach additional sheets, if necessary).	(Be specific)			
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	_			
				
				_
				
				
an amendment provides for an exch rovisions for implementing the ame	ange, reclassification, o	r cancellation of iss	ued shares,	
(if not applicable, indicate N/A)	nument if not contained	m the amendment	itseit.	
(g not approximately managed to				

			-	

The date of each amendment(s) adoption:	- 16 , if other than the
Effective date if applicable:	
(no more than 90 day.	s after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The numl by the shareholders was/were sufficient for approval.	ber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through values the separately provided for each voting group entitled to vote s	
"The number of votes cast for the amendment(s) was/were suff	icient for approval
by(voting group)	.,,
(voting group)	
The amendment(s) was/were adopted by the board of directors without action was not required.	out shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shaction was not required.	nareholder action and shareholder
Dated 02-26-16	_
Signature)
(By a director, president or officer - i	f directors or officers have not been
selected, by an incorporator - if in the hand	ds of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
Juan Con	STANTE
(Typed or printed name	of person signing)
Direc	
(Title of per	son signing)