

NO100000008212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

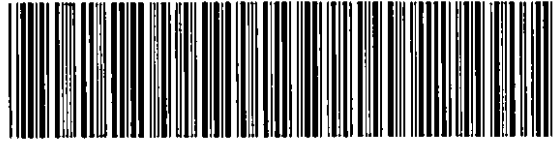
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500314941855

07/19/18--01019--011 **43.75

FILED
18 JUL 26 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 26 2018
S. YOUNG
~~S. YOUNG~~
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2018

HARLAN WOODARD
1241 NW 99 STREET
MIAMI, FL 33147

SUBJECT: COMMUNITY BUILDERS HOLISTIC DEVELOPMENT
CORPORATION
Ref. Number: N01000008212

We have received your document for COMMUNITY BUILDERS HOLISTIC DEVELOPMENT CORPORATION and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

ALL PAGES MUST BE RECEIVED

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: COMMUNITY BUILDERS HOLISTIC DEVELOPMENT CORPORATION

DOCUMENT NUMBER: NO1000008212

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HARLAN WOODARD

(Name of Contact Person)

(Firm/ Company)

1241 NW 99 ST

(Address)

MIAMI, FL 33147

(City/ State and Zip Code)

KWAKU120@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HARLAN WOODARD

(Name of Contact Person)

at 786.344.1152

(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 & 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)

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

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

Articles of Amendment
to
Articles of Incorporation
of

COMMUNITY BUILDERS HOLISTIC DEVELOPMENT CORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State)

NO1000008212

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

COMMUNITY BUILDERS HOLISTIC DEVELOPMENT CORPORATION - GLOBAL SERVICES INITIATIVE The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1291 NW 99 STREET

MIAMI, FL 33147

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1291 NW 99 STREET

MIAMI, FL 33147

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: HARLAN E. WOODARD

1291 NW 99 STREET

(Florida street address)

New Registered Office Address:

MIAMI

(City)

Florida

33147

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

18 JUL 28 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>HARLAN E. WOODARD</u>	<u>1241 NW 99 STREET</u> <u>MIAMI, FL 33147</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>NATHANIEL B. STYLES, JR</u>	<u>400 NW 30TH PLACE</u> <u>POMPANO BEACH, FL 33064</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>DONNA M. STYLES</u>	<u>400 NW 30TH PLACE</u> <u>POMPANO BEACH, FL 33064</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

(NO ADDITIONAL ARTICLES ADDED.)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 7/26/2018

Signature 

(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)

HARLAN E. WOODARD
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)