NO4 000007783

(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



000358989150

02/01/21--01015--017 *+35.00

COVER LETTER

TO: Amendment Section Division of Corporations	. ,
NAME OF CORPORATION:	nce of Community Development Corporations, Inc.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning this	is matter to the following:
Theresa Chelikowsky	
	(Name of Contact Person)
Florida Alliance of Community Development C	Corporations, Inc.
	(Firm/ Company)
126 West Adams St., ≠601	
	(Address)
Jacksonville, FL 32202	
	(City/ State and Zip Code)
execdir@flacdc.org	
E-mail address: (to b	be used for future annual report notification)
For further information concerning this matter,	please call:
Theresa Chelikowsky	904 598-2669 at
(Name of Contact F	
Enclosed is a check for the following amount m	nade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

	01	
Florida Alliance of Community Development Corporations.		
Name of Corporation as currently filed with the Florida	Dept. of State)	
N0400007783		
(Document Num	ber of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006. Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the followin
A. If amending name, enter the new name of the corpora	tion:	
Florida Alliance for Community Solutions, Inc.		The new
name must be distinguishable and contain the word "corpord" "Company" or "Co." may not be used in the name.	ation" or "incorporated	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS	(i)	
	-	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered off	ice address in Florida,	enter the name of the
new registered agent and/or the new registered office	address:	
Name of New Registered Agent: N/A	·	
	(Fle	orida street addressi
<u>New Registered Office Address</u> :		
	W. 12a. A	, Florida (Zip Code)
	(City)	12.17 Coder
New Registered Agent's Signature, if changing Registered	i Agent:	The state of the second of
I hereby accept the appointment as registered agent. I am fa	miliar with and accept i	ine oringations of the position.
	Sanatura of Nove Rogiste	wad taan 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	PT John D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional sheet	g additional Arti is, if necessary).	icles, enter change(s) here: (Be specific)	
<u>N/A</u>			
		· · · · · · · · · · · · · · · · · · ·	
			

				
		<u></u>		<u>. </u>
		•		
				
	_ 			
	<u> </u>			
				
				_
				_ _
				
				
				
<u> </u>				
The date of each amendment(s) adopt	ion.			if other than the
date this document was signed.	ion;			, it object count the
Effective date if applicable:	(no more than 90 days a	.G 61.1	Lua	
<u>Note:</u> If the date inserted in this block of document's effective date on the Depart	oes not meet the applicable ment of State's records.	le statutory filing requ	irements, this date will r	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the	e number of votes cast	t for the amendment(s)	

.

	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 1-15-21 Simplify Am (Marlls)			
(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, of other court appointed fiduciary by that fiduciary)				
	Lynda Charles			
	(Typed or printed name of person signing)			
	Chair, Board of Directors			
	(Title of person signing)			

. . . .