(Re	equestor's Name)
(Ad	idress)
(Ad	dress)
	•
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	siness Entity Name)
(24	Billioso Elikty Mario,
(Do	ocument Number)
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Certified Copies	Certificates of Status
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Special Instructions to	Filing Officer:
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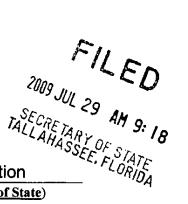
07/29/09--01010--002 **35.00

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: American Field	d Services Association	
DOCUMENT NUM	BER: <u>N05000004398</u>		
The enclosed Articles	of Amendment and fee are sub	mitted for filing.	
Please return all corre	spondence concerning this matt	er to the following:	
		nel M Darby	
	(Name of	Contact Person)	
	La	andwise	
	(Firm.	/ Company)	
	955 SW	V Baya Drive	
	(A	Address)	
	Lake City	, Florida 32025	
	<u> </u>	e and Zip Code)	
		ooselandwise.com I for future annual report notifica	tion)
For further informatio	n concerning this matter, please	call:	
Michael M Darby		at (386) 754-509	3
(Name	of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a check for	or the following amount made pa	ayable to the Florida Department	of State:
 335 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		Street Address Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporation Clifton Building	ns
Tallahassee, FL 32314		2661 Executive Center Tallahassee, FL 32301	Circle

Articles of Amendment to Articles of Incorporation of



Homewise Housing and Development Corporation

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

N05000004398

(Document Number of Corporation (if known)

ervices Association, THC and the word "corporation" or "in the word may not be used in the name.	
the word "corporation" or "i	
	ncorporated" or the
<u>DRESS</u>)	
<u>OX</u>)	
	enter the name of the
(Florida street address)	
(City)	, Florida (Zip Code)
	cept the obligations of the
	OX) ered office address in Florida, of office address: (Florida street address)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>VP</u>	DANIEL DIAZ DE ARCE	955 SW Baya Drive Lake City, FL 32025	☑ Add ☐ Remove
E. If amendi (attach add	ing or adding additional Articles, ent ditional sheets, if necessary). (Be spe	er change(s) here:	
		- 64 - 64 - 64 - 64 - 64 - 64 - 64 - 64	
		,, see 4, sp	
			

The date of each amendment(s)	adoption: 07/22/2009
	(date of adoption is required)
Effective date <u>if applicable</u> :	
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a was/were sufficient for approve	adopted by the members and the number of votes cast for the amendment(s) al.
There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated_07/22/2	2009
Signature	May President
(By the	c chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, of ourt appointed fiduciary by that fiduciary)
_	Michael M Darby
_	(Typed or printed name of person signing)
	President
	(Title of person signing)