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To:	Division of C	ongonations	S. CHATH
	Fax Number	•	S CHATH,
From:			
	Account Name	: SAXON GILMORE & CARRAWAY, P.A.	S.H.S.
	Account Numbe	~ : I20180000023	] ; ; <u>€</u>
	Phone	: (813)314-4551	
	Fax Number	: (813)314-4555	M1/2:

COR AMND/RESTATE/CORRECT OR O/D RESIGN TAMPA HOUSING FUNDING CORPORATION

Email Address: \_\_\_\_FLCORP@SAXONGILMORE.COM\_

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Help

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Artic	les of Amondment	ł
Article	to es of Incorporation	
	of	
TAMPA HOUSING FUNDING CORPORATION		
(Name of Corporation as currently filed with the Florida	Dept. o(State)	
N05000007061		<u> </u>
(Document Numb	per of Corporation (If known)	
Pursuant to the provisions of section 617.1006, Florida Statut antendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit Corpa</i>	intion adopts the following
A. If amonding name, enter the now name of the corporat	tion:	
THA FOUNDATION, INC.		The new
name must be distinguishable and contain the word "corpora	tion" or "incorporated" or the abbre	viation "Corp." or "Inc."
"Company" or "Ca." may not be used in the name.		
B. Enter new principal office address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS	)	
		1 = 6
		1 2 2
C. Enter new mailing address, if applicable:		70 70
(Mailing address MAY BEA POST OFFICE BOX)		
		13
		00
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a	ce address in Florida, enter the nam ddress:	of the
Name of New Registered Agent:		
	(Florido stroet addits	·/
New Registered Office Address:		
		Plorida
	(Cly)	(Zip Code)
New Registered Agent's Signature, If changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: niliar with and accept the obligations	of the position.
Sign	gnature of New Registered Agent. If c	hanging 

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and address of each O (Attach additional sheet Please note the afficient P = President: V = Vice	fficer and/or Di is, if nocessary) director title by t Prastdent; T= I = Chtef Finance	rector being added: he first letter of the office title: Transurer; S= Secretary; D= Direc iol Officer. If an officer/director h	t ench officer/director being removed and title, name,  ctor: TR= Trustee; C = Chairman or Clerk; CEO = Chief  colds more than one title, list the first letter of each office
Changes should be note a change, Mike Jones le Mike Jones, V as Remov	aves the corpora	ition, Sally Smith is named the V a	listed as the PST and Mike Jones is Usted as the V. There is and S. These should be noted as John Doe, PT as a Change.
Example: X.Change X.Romove X.Add	y <u>Mik</u>	Dos Lones CSmith	1 •
Type of Action (Check One)	Tille	Name	Address
i) Change Add	···		2025 Avc
Remove 2) Change Add	•		
Remove 3) Change Add Remove			2.00
4) Change			
Remove  5) Change Add			
Remove			
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Romove			
E. If amonding or additional she	ng additional A ets. If necessary)	rticles, enter change(s) here: (Be specific)	
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The date of each amendment(*) ac date this document was signed.	loption:		, if other than the
Offective date <u>if applicable</u> ;	(no more than 90 days after o	amendmeni file date)	
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable sta		e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	1	
The amendment(s) was/were ac was/were sufficient for approve	opted by the members and the num ${\bf L}$	nbor of votes cast for the amendine	nt(s)
		į	

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There are no members or members entitled to vote on the amondment(s). The amondment(s) adopted by the board of directors.	) was/were
Dated <u>August</u> 19, 2025	
Signature James Cloar	 
(B岁形配路路路路路) vice chairman of the board, president or other officer-in have not been selected, by an incorporator—if in the hands of a receiver, to other court appointed fiduciary by that fiduciary)	
JAMES A. CLOAR	1
(Typed or printed name of person signing)	<del></del>
	ı
CHAIRMAN	
(Title of person signing)	