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COVER LETTER

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

.

NAME OF CORPORATION:	E HOUSING ECONO	MIC CORPOR	ATION ————————————————————————————————————
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this n	matter to the following:		
BRENDA WILLIAMS			
	(Name of Contact	Person)	
TALLAHASSEE HOUSING ECONOMIC COR	PORATION		
	(Firm/ Compa	iny)	
2940 GRADY ROAD			
	(Address)		
TALLAHASSEE, FL 32312			
	(City/ State and Zi	p Code)	
BRENDA@TALLHA.ORG			
E-mail address: (to be t	used for future annual	eport notification	on)
For further information concerning this matter, ple	ease call:		
BRENDA WILLIAMS		(850) at	385-6126
(Name of Contact Per			(Daytime Telephone Number)
Enclosed is a check for the following amount mad	e payable to the Florid	a Department o	f State:
☐ \$35 Filing Fee	Cextified Copy (Additional copy enclosed)	Cert y is Cert (Add	50 Filing Fee ificate of Status ified Copy fitional Copy is losed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ī	Street Address Amendment Sec Division of Corp Elifton Building	ction porations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 2018 NOV 28 PM 1: 04

TALLAHASSEE HOUSING ECONOMIC CORPOR	ATION	Ob sile TABLE
(Name of Corporation as	currently filed with the Flo	orida Dept. of State) TASSEE. FU
N08000000686		
(Document	t Number of Corporation (it)	known)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not F	for Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	orporation" or "incorporate	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		
	 ′	
C. Enter new mailing address, if applicable:		- -
(Mailing address MAY BE A POST OFFICE BO)	<u>x</u>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of the	<u>ed office address in Florida</u> office address:	enter the name of the
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
		Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi hereby accept the appointment as registered agent.	stered Agent: I am familiar with and accep	t the obligations of the position.
	Signature of New Regis	stered Agent, 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 Doc 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change Add Remove	D	MORAN, JAME	S	
2) Change Add	D	BROWN, CASSA	ANDRA	
Remove 3) Change Add	D	JAMES, MORA	· .	
X Remove 4) Change Add X Remove	D	CASSANDRA, F	BROWN	
5) Change Add Remove				
6) Change Add Remove				

ttach additional sheets, if necessary).	cles, enter change(s (Be specific)					
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11/27/2018	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amend was/were sufficient for approval.	ment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the board of directors.	/were
Dated 11/27/2018	
Signature Molenda MM	
(By the chairman or vice chairman of the board, president or other officer-if did have not been selected, by an incorporator — if in the hands of a receiver, trust other court appointed fiduciary by that fiduciary)	
BRENDA WILLIAMS	
(Typed or printed name of person signing)	
D/S	
(Title of person signing)	