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(Re	equestor's Name))
(Ac	ldress)	**************************************
, (Ac	ldress)	
(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	Certificate	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Southside	e Affordable Housement Showcase	sing4
DOCUMENT NUMB	N186 -	0001437	
The enclosed Articles of	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this matt	ter to the following:	
B	etsy Hendere	Contact Person)	
	SAHLS		
	(Firm	/ Company)	
_/6	17 South Ad	ams Street	
	allahassee (City/State	F1. 32301 te and Zip Code)	
Sa	E-mail address: to be use	Hor future annual report notificat	ion) ,
For further information	concerning this matter, please	e call:	
Betsy He	enderson f Contact Person)	at (<u>850</u>) <u>545</u> (Area Code & Daytim	-3767 e Telephone Number)
Enclosed is a check for	the following amount made p	ayable to the Florida Department (of State:
\$35 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)
Amendi	z Address ment Section	Street Address Amendment Section	
Division P.O. Bo	n of Corporations x 6327	Division of Corporation Clifton Building	S
Tallaha	ssee, FL 32314	2661 Executive Center (Tallahassee, FL 32301	Circle

Articles of Amendment to Articles of Incorporation

2009 AUG 28 PM 1.5

Southside Affordable Housing Investment of State (Name of Corporation as currently filed with the Florida Dept. of State)

(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:

new name must be distinguishable an eviation "Corp." or "Inc." <u>"Compan</u>			
Enter new principal office address, if ncipal office address MUST BE A STI			
<u> </u>	-	<u> </u>	
	_		
Enter new mailing address, if applica			
Mailing address <u>MAY BE A POST Ol</u>	<u>FICE BUX</u>)		
	_		
	. –	 	·
f amending the registered agent and			enter the name of the
new registered agent and/or the new i	egistered office addr	ess:	
Name of New Registered Agent:	<u> </u>		
		street address)	
Now Pagistanad Office Address		street address)	
New Registered Office Address:	(2.00144		
New Registered Office Address:	·	(Citv)	, Florida (Zip Code)
		(City)	, Florida (Zip Code)
New Registered Office Address: Registered Agent's Signature, if chareby accept the appointment as registion.	nging Registered Age	nt:	

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)

Add Remove Add Add Remove Add Add Remove Add Remove Add Add Remove Add A	<u>Title</u>	Name	Address	Type of Action
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) See attached 'Exhibit:				
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) See Atached 'Exhibit:	,			
see attached "Exhibit:				
	E. <u>If amending</u> (attach addit	ional sheets, if necessary). (Be specific) 	
		see attac	ched "Exhib	<u> </u>

The date of each amendment(s) a	loption: 3-14-2009
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were s.
have not	chairman or yiel chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary)
	Betsy Henderson (Typed or printed name of person signing)
	Principal Incorporator-PD (Title of person signing)

Page 3 of 3

Exhibit

No part of the net earnings of the organization shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of the organization shall be the carrying on or propaganda, or otherwise attempting to influence legislation, and the organization shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of an candidate for public office. Notwithstanding any other provision of this document, this organization shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or corresponding section of any future federal tax code.