| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | · #) |
| PICK-UP | TIAW | MAIL |
| (Bu | siness Entity Nam | ne) |
| (De | ocument Number) | |
| | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: | dable Housing and Investment Showcase, Inc. |
|---|--|
| DOCUMENT NUMBER: NO8000014 | 437 |
| The enclosed Articles of Amendment and fee are subm | nitted for filing. |
| Please return all correspondence concerning this matter | r to the following: |
| Betsy Henderson | |
| (| (Name of Contact Person) |
| Southside Affordable Housing | g and Investment Showcase, Inc. |
| | (Firm/ Company) |
| 1617 South Adams Street | et . |
| | (Address) |
| Tallahassee, Florida 323 | 01 |
| (| (City/ State and Zip Code) |
| sahistally@gmail.e | com for future annual report notification) |
| For further information concerning this matter, please of | |
| Betsy Henderson | at (850 <u>)</u> 545-3767 |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount made pay | rable to the Florida Department of State: |
| \$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status Certified enclosed) | ed Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is |
| | enclosed) |
| Mailing Address Amendment Section | Street Address Amendment Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | Clifton Building |
| Tallahassee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 |
| | 1 attatiannee, TL 3230 i |

Articles of Amendment

to Articles of Incorporation The state of the s

12 APR 13 PM 4:59

| Southside Affordable Housing Investment | Showcase, Inc. | Secretary of Si |
|---|-------------------------------|---------------------------|
| (Name of Corporation as currently filed with the Florida Dept | . of State) | TALLAHASSEL, FLO |
| N08000001437 | e e | |
| (Document Number of Corporation (if kn | iown) | |
| Pursuant to the provisions of section 617.1006, Florida Statutes, this Floridament(s) to its Articles of Incorporation: | rida Not For Profit Corpora | tion adopts the following |
| A. If amending name, enter the new name of the corporation: | | |
| | | The new |
| name must be distinguishable and contain the word "corporation" or "i "Company" or "Co." may not be used in the name | ncorporated" or the abbrevi | ation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: | | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | <u> </u> | |
| · · · · · · · · · · · · · · · · · · · | | |
| | | |
| Tutor nonilia add if annicable. | • | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| - | | |
| | | <u> </u> |
| | | |
|). If amending the registered agent and/or registered office address | in Florida, enter the name | of the |
| new registered agent and/or the new registered office address: | in Plotida, ther the name | or the |
| No. Ol D. L. Land | | |
| Name of New Registered Agent: | | |
| | | |
| (Florida street New Registered Office Address: | ci aaarezsj | |
| | , Florida | |
| (City) | (Zip Coa | le) |
| lew Registered Agent's Signature, if changing Registered Agent: | | |
| hereby accept the appointment as registered agent. I am familiar with | and accept the obligations of | f the position. |
| | | |
| Signature of New Registered Agen | t, if changing | |

Page 1 of 4

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 | <u>PT</u> | John Doe | | |
|-------------------------------|--------------|--|-------------|-----------------|
| _X Remove | <u>v</u> | Mike Jones | | |
| X Add | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | | <u>Addres</u> s |
| 1) Change Add Remove | manusur' i | <u>. </u> | | |
| 2) Change Add Remove | | | | |
| 3) Change Add Remove | | | | |
| 4) Change Add Remove | | | | |
| 5) Change Add Remove | | | | |
| 6) Change Add Remove | | | | |

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Article III: Purpose:

- A. To engage in the business of community education, development, and affordable housing related projects.
- B. To provide decent housing that is affordable to low- and moderate-income persons.
- C. This organization is organized solely for charitable purposes as defined by section 501 (c) (3) of the Internal Revenue Service code, or any future tax code.
- D. No part of the net earnings of the organization shall inure 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 payment 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 of 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 any candidate for public office. Notwithstanding any other provision of the document, the 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 Service Code, or corresponding section of any future federal tax code.
- E. Upon dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c) (3) of the Internal Revenue Service Code, or corresponding section of an future federal tax code, or shall be distributed to the federal government, or to a stat of local government, for a public purpose. Any such assets no disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office is then located, which are organized and operated for exclusively for such purposes.

| The date of each amendment(s) ad | option: 01/10/12 | | |
|--|---------------------------------|--|-------------|
| Effective date if applicable: 01/ | 10/12 | | - <u></u> |
| : | (no more than 90 days afte | er amendment file date) | |
| Adoption of Amendment(s) | (CHECK ONE) | and the second | |
| The amendment(s) was/were adwas/were sufficient for approval | • | umber of votes cast for the amendment(s) | |
| adopted by the board of director Dated Signature | s. Subond | ment(s). The amendment(s) was/were | |
| have not bee | | d, president or other officer-if directors if in the hands of a receiver, trustee, or ary) | ere justina |
| Besty Hend | derson • | | |
| (| Typed or printed name of person | n signing) | |
| President | | | |
| | (Title of person signing) | | |

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