

N080000069969



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*AR  
2/17/09*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Section 8 Housing Landlord Association Corp.

**DOCUMENT NUMBER:** N08000009969

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amanda Lopez

(Name of Contact Person)

Section 8 Housing Landlord Association Corp.  
(Firm/ Company)

8672 SW 40 St., Suite 203

(Address)

Miami, FL 33155

(City/ State and Zip Code)

For further information concerning this matter, please call:

Amanda Lopez

(Name of Contact Person)

at ( 305 ) 229-8722

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 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  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2009 FEB 12 PM 1:01

Section 8 Housing Landlord Association Corp SECRETARY OF STATE  
(Name of Corporation as currently filed with the Florida Dept. of STATE  
TALLAHASSEE, FLORIDA

N08000009969

(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:**

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

8672 SW 40 Street Suite 203

Miami, FL 33155

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

Post Office Box 26-1742

Miami, FL 33126

**D. 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:**

Name of New Registered Agent:

Amanda Lopez

New Registered Office Address:

8672 SW 40 Street, Suite 203

(Florida street address)

Miami, FL

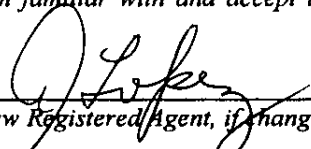
(City)

Florida 33155

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

  
Signature of New Registered Agent, if changing



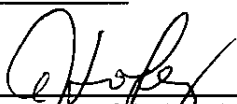
The date of each amendment(s) adoption: January 26, 2009

Effective date if applicable: January 20, 2009  
*(no more than 90 days after amendment file date)*

Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated January 26, 2009

Signature 

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Amanda Lopez, Director  
(Typed or printed name of person signing)

Director  
(Title of person signing)