N09000000275

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Amend

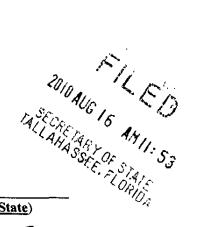
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: The Most High	Makeover Transitiona	l Housing Inc.
DOCUMENT NUM	BER: N0900000275		
The enclosed Articles	s of Amendment and fee are sub	mitted for filing.	
Please return all corre	espondence concerning this matt	er to the following:	
		A. Rodriguez	
	(Name of	Contact Person)	
		ver Transitional Housing In	ıc
	(Firm	/ Company)	
	217	5 Eola Ct.	
	(A	Address)	
	Oviedo,	Florida 32765	
	(City/ Stat	te and Zip Code)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		19@yahoo.com d for future annual report notific	cation)
For further information	on concerning this matter, please	e call:	
Maria <u>A.</u> Rodrigu	ez	at (407) 506.327 (Area Code & Dayti	71
(Name	of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check f	or the following amount made p	ayable to the Florida Departmen	nt 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)
Ame Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Cent Tallahassee, FL 3230	er Circle

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the Florida Dept. of State)

The Most High Makeover Transitional Housing Inc.

(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:

he new name must be distinguishable and o bbreviation "Corp." or " Inc." <u>"Company"</u>		
. Enter new principal office address, if ap	nlicable:	
rincipal office address <u>MUST BE A STRE</u>		
		
		
Enter new mailing address, if applicable	•	
(Mailing address MAY BE A POST OFF.		
	 -	
If amending the registered agent and/or	registered office address in Florida	enter the name of the
If amending the registered agent and/or new registered agent and/or the new reg		enter the name of the
new registered agent and/or the new reg		enter the name of the
If amending the registered agent and/or new registered agent and/or the new reg		enter the name of the
<u>Name of New Registered Agent:</u>	istered office address:	enter the name of the
new registered agent and/or the new reg		enter the name of the
new registered agent and/or the new reg Name of New Registered Agent:	istered office address:	enter the name of the
new registered agent and/or the new reg Name of New Registered Agent:	istered office address:	
new registered agent and/or the new reg Name of New Registered Agent: New Registered Office Address:	(Florida street address)	
new registered agent and/or the new reg	(Florida street address) (City) ing Registered Agent:	, Florida (Zip Code)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Т	Marilin Lopez	15920 Oakcrest Circle	□ Add
 -		Borooksville, FL 34604	☑ Remove
			-
Т	Carmen Wells	12936 Waterford Wood Circle	_ 🗹 Add
		apt #202	Remove
		Orlando, FL 32828	-
			☐ Add
			-
E If amend	ding or adding additional Articles, e	inter change(s) here	
(attach ac	dditional sheets, if necessary). (Be s	specific)	
`	, ,		
			
		7	
			
			
			
	<u>.</u>		
	·		, <u>, , , , , , , , , , , , , , , , , , </u>

The date of each amendment(s) ac	loption:8/12/2010
Effective date if applicable:	(date of adoption is required)
Effective date it applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☑ The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were s.
Dated 8/12/201 Signature	Hustriges
have not	chairman of vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or an appointed fiduciary by that fiduciary)
_	Maria A. Rodriguez
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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