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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Commounity HELPING FAM. LIES IN NE
DOCUMENT NUMBER: NO 900 000 1866
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
BERNADETTE FRAZIL (FLEURY) (Name of Contact Person)
(Firm/Company) 2834 N.W 55 TM AURINE X 1-D
LAUDER HILL FLORIDA 33313 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BERNAUFTTE FLEUR at 754 204-6427 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) at 754 (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 & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address Street Address

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

Commonity MR(PING FAMILIES IN NEED)
(Name of Corporation as currently filed with the Florida Dept. of State)
N 09 00000 18 PP
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> 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) LAU DERHILL Floring 3831
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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: CORNA DETTE FLEUS
2834 N.W. SST AUR X 1-D
New Registered Office Address:
LANDERHII Florida 333 13 (City) (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.
Bunn
Signature of New Registered Agent, if changing
2022 OC 141

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 X Remove X Add	PT John D V Mike J SV Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CRO-PARS	BERNADETTE FLOORY	2834 N.W SST AUR
Remove 2) Change Add			LADDBAHILL FL.333
Remove Remove	bed mbr	LAGERRE PRIERON	7854 5.10 4 CT
4) Change	Bra MBR	YVE MATHURIN ON BROWN	2834 N.W 557 ADE
Remove 5) Change Add	800 MBR	EDDY DERAUIL	LADDERHILL, FL. 338B 2834 DW SS AVE LAUDERHILL, BUTE 1-D
Remove 6) Change Add			Florida 333B
Remove E. If amending or (attach additional	adding additional Art ul sheets, if necessary).	icles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adoption: October 7th 2022 if other than the	The date of each amendment(s) adoption:	octoba	a 7 [™]	3033	:6
date this document was signed.	date this document was signed.	<u> </u>		WOW IX	, ii other than the
	Percentage day to the property		1/		
(no more than 90 days after amendment file date)	Effective date if applicable:	on more than 00 days after amon	dmant Gla data)		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory tof State's records.	filing requirement	s, this date will not	be listed as the
Adoption of Amendment(s) (CHECK ONE)	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.	The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of	f votes cast for the	amendment(s)	

Dated

Dated

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)

CRO-CETE

(Typed or printed name of person signing)

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