(Re	equestor's Name)	
<b>(A</b> d	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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### **COVER LETTER** .

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Community Sa	aving Solutions, Inc.	
DOCUMENT NUM	BER: N09000004623		
The enclosed Articles	of Amendment and fee are sub	pmitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
		iela Cherry	
	(Name of	Contact Person)	
	Community S	aving Solutions, Inc.	
	(Firm	n/ Company)	
	2202 N. Wests	shore Blvd. Suite 200	
	. (	Address)	
	Tamp	a, FL 33607	
	(City/ Sta	te and Zip Code)	
		Ocsshomes.org	cation)
For further information	on concerning this matter, pleas	e call:	
Daniela Cherry		at ( 813 ) 639-42	85
(Name	of Contact Person)		ime Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departme	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)
Amer Divis P.O.	ing Address  Indment Section  Identify the section of Corporations  Box 6327  Indianal content of the section of Corporation o	Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cent	ions

Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation of

## Community Saving Solutions, Inc.

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

### N09000004623

(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:

e new name must be distinguishable a breviation "Corp." or " Inc." <u>"Compar</u>		
Enter new principal office address, if		Marie Control
incipal office address <u>MUST BE A ST</u>	REET ADDRESS )	·
Enter new mailing address, if applic	able:	
(Mailing address MAY BE A POST O		
		orida, enter the name of th
If amending the registered agent and new registered agent and/or the new		lorida, enter the name of th
If amending the registered agent and new registered agent and/or the new Name of New Registered Agent:		lorida, enter the name of th
<u>Name of New Registered Agent:</u>	registered office address:	
new registered agent and/or the new		ress)
<u>Name of New Registered Agent:</u>	registered office address:	
<u>Name of New Registered Agent:</u>	registered office address:  (Florida street addr	ress)

# 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>	Address	Type of Action
<u>P</u>	Oscar Gonzalez	8910 N. Dale Mabry Hwy Suite 17 Tampa, FL 33614	☑ Remove
VP.	Daniela Cherry	8910 N. Dale Mabry Hwy Suite 17 Tampa, FL 33614	
<u>s</u>	Saira Barreras	8910 N. Dale Mabry Hwy Suite 17 Tampa, FL 33614	🗹 Remove
E. If ame (attach	nding or adding additional Articles, additional sheets, if necessary). (Be	enter change(s) here: specific)	
		,	
	**************************************		

# 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>	Address	Type of Action
<u>P</u>	Juan Silva	2202 N. Westshore Blvd. Suite 200 Tampa, FL 33607	
<u>VP</u>	Juan Flores	2202 N. Westshore Blyd. Suite 200 Tampa, FL 33607	
<u>s</u>	Mario Martinez	2202 N. Westshore Blvd. Suite 200 Tampa, FL 33607	Remove
E. <u>If amer</u>	nding or adding additional Articles	, enter change(s) here:	
(attach d	additional sheets, if necessary). (B	e specific)	
***		***************************************	
	- side	, , , , , , , , , , , , , , , , , , ,	
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		<u> </u>	

# 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)

**Title** <u>Name</u> Address **Type of Action** Octavio Cruz 2202 N. Westshore Blvd. ☑ Add ☐ Remove Suite 200 Tampa, FL 33607 **Timothy Snodgrass** 0 2202 N. Westshore Blvd. Suite 200 Tampa, FL 33607 \_\_ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendmen	t(s) adoption: 07/29/2010	
Effective date <u>if applicable</u> :	(date of adoption is required)	
<del></del>	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendmentoroval.	ent(s)
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/wirectors.	vere
Dated <b>07/2</b>	29/2010	
Signature	James La	
(B̄́) ha	y the chairman or vice chairman of the board, president or other officer-if we not been selected, by an incorporator – if in the hands of a receiver, there court appointed fiduciary by that fiduciary)	
	Daniela Cherry	
	(Typed or printed name of person signing)	
	Executive Director	
	(Title of person signing)	

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