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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	ERATION OF HOUSIN	G COUNSEL	LORS INCORPORATED
N09000008513 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	abmitted for filing.	-	
Please return all correspondence concerning this ma	atter to the following:		
JONAS MILTON			
	(Name of Contact Pers	son)	
	(Firm/ Company)		
	(Time Company)		
1489 MURRAY DRIVE	(441)		
	(Address)		
JACKSONVILLE, FL 32205			
·	(City/ State and Zip Co	ode)	
chelives@gmail.com			
E-mail address: (to be us	ed for future annual repo	rt notification	1)
For further information concerning this matter, plea	se call:		
JONAS MILTON	g at	004	305-4710
(Name of Contact Person		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida De	epartment of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status		Certifi Certifi	O Filing Fee icate of Status ied Copy tional Copy is sed)
Mailing Address Amendment Section		et Address indment Secti	ion

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

NATIONAL FEDERATION OF HOUSING COUNSELORS INCORPORATED

(Name of Corporation as currently filed with the F	lorida Dept. of State)	
N09000008513		
(Documen	nt Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporated	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET ADI</u>	<u>DRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)	
D. If amending the registered agent and/or registed new registered agent and/or the new registered		, enter the name of the
Name of New Registered Agent:	· -	
— New Reg <u>istered Office Address</u> :	(Fi	lorida street address)
iven registered office numess.		FI 11
<del>-</del>	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Reg I herehy accept the appointment as registered agent.	zistered Agent: I am familiar with and accept	the obligations of the position.
	Signature of New Regist	ered Agent, if changing

. If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nam	ie.
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 = C.	hie
Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officer.	ice
held. President, Treasurer, Director would be PTD.	
held. President, Treasurer, Director would be PTD.  Change of a list of an analysis the College of the Popular listed as the PST and Mike Jongs in listed as the V. The	

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 Do           V         Mike Jo           SV         Sally Sr	nes ·	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>D</u>	DONNA KARRAR	JACKSONVILLE, FL 32205
Remove			
2) Change Add			
Remove 3) Change Add Remove	<u>D</u>	ANTHONY MORRIS	P. O. BOX 2119  JACKSONVILLE, FL 32203
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
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·						
The date of each amendment(s) adoption: date this document was signed.	6/15/2021				<del></del>	_, if other than th
Effective date if applicable: 6/15/2021						
(n	o more than 90 c	days after an	endment file (	date)		
Note: If the date inserted in this block does document's effective date on the Department	not meet the app	olicable statut				be listed as the

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Dated	6/15/2121
	1 1)
Signatui	(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)
	La con Milhau
	Jonas Milton
	· (Typed or printed name of person signing)