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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	NATIONAL FEDE	ERATION OF HOUSI	NG COUNSE	LORS INCORPORATED
DOCUMENT NUMBER:	N09000008513			
The enclosed Articles of A			,	
Please return all correspond	dence concerning this mat	tter to the following:		
JONAS MILTON				
, ·		(Name of Contact P	erson)	
*****		(Firm/ Compan	v)	<del> </del>
1489 MURRAY DRIVE		( 3	, ,	
		(Address)		
JACKSONVILLE, FL 322	05			
		(City/ State and Zip	Code)	61 - 26 - 11
chclives@gmail.com				
	E-mail address: (to be use	d for future annual re	port notification	n)
For further information con	cerning this matter, please	e call:		
JONAS MILTON		at	904	305-4710
	(Name of Contact Person	n)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	Department of	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	D Filing Fee icate of Status ied Copy tional Copy is seed)
Mailing a	Address	S+.	root Addross	

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

NATIONAL FEDERATION OF HOUSING COUNSELORS INCORPORATED

(Name of Corporation as currently filed with the F N09000008513	ioriua Dept. of State)
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, Floridament(s) to its Articles of Incorporation:	a Statutes, this Florida Not For Profit Corporation adopts the followin
A. If amending name, enter the new name of the co	orporation:
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	The new corporation " or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	(X)
D. If amending the registered agent and/or register new registered agent and/or the new registered.	ed office address in Florida, enter the name of the office address:
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
<u></u>	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing

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 <math>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 Do           V         Mike Jo           SV         Sally Sr	ones .	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change Add	<u>D</u>	DONNA KARRAR	1489 MURRAY DRIVE 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	<del></del>	<del></del>	
Remove			
E. If amending or addin (attach additional sheet	g additional Artic ts, if necessary).	e <mark>les, enter change(s) here</mark> : (Be specific)	
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	6/15/2021			
The date of each amendment(s) adoption: late this document was signed.	V(13) 2021	<u> </u>	<u> </u>	, if other than tl
6/15/2021				
(1	10 more than 90 days	after amendment file	date)	
Note: If the date inserted in this block does	not meet the applical	ole statutory filing req	quirements, this date will	not be listed as the

document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

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

6/15/2121
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)
Jonas Milton
(Typed or printed name of person signing)
(Typed or printed name of person signing)

(Title of person signing)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form for filing Articles of Amendment to amend the articles of incorporation of a Florida Not for Profit Corporation pursuant to section 617.1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- > The original incorporators cannot be amended.
- If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at www.sunbiz.org. You are responsible for any name infringement that may result from your corporate name selection.
- If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- If amending/adding officers/directors, list titles and addresses for each officer/director.

If a section is not being amended, enter N/A or Not Applicable. The document must be typed or printed and must be legible.

The document must be typed or printed and must be legible.

Pursuant to section 617.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

Filing Fee	\$35.00 (Includes a letter of acknowledgment)

Certified Copy (optional) \$8.75

\$8.75 Certificate of Status (optional)

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing Address **Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

For further information, you may call the Amendment Section at (850) 245-6050

CR2E009 (4/15)