

ND9 000000 8817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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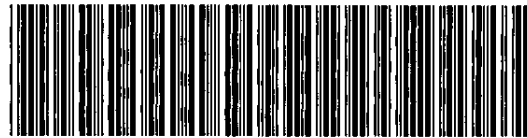
(Business Entity Name)

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C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **PATHWAY 2 SUCCESS, INC**

DOCUMENT NUMBER: **N09000008817**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTOPHER A. JACKSON

(Name of Contact Person)

PATHWAY 2 SUCCESS, INC

(Firm/ Company)

4604 49TH STREET NORTH #30

(Address)

ST. PETERSBURG, FL 33709

(City/ State and Zip Code)

PATHWAY2SUCCESSTEAM@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER JACKSON at **727** **452-7247**

(Name of Contact Person)

(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 &
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) |
|--|--|--|--|

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

PATHWAY 2 SUCCESS, INC

18 NOV -3 AM 11:46

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

N09000008817

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

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)

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: _____

(Florida street address)

New Registered Office Address:

_____, Florida _____
(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.

Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

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.

Example:

Type of Action
(Check One)

Name

Address

6) _____ Change _____
 _____ Add _____
 Remove _____

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

ADDED ARTICLE 12 TO EXISTING ARTICLES

ARTICLE 12 - COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) POLICIES & PROCEDURES

NET EARNINGS(PROFITS) - ALL BENEFICIARIES OF LOW INCOME PROPERTIES PROVIDED
BY CHDO MUST COMPLETE APPLICATION PROCESS AS OUTLINED BELOW:

1. Complete application; fee varies based on situation
2. Complete new home buyers workshop
3. Must qualify as low income candidate:
 - a. Have a household income at or below 50% of the median for the county
 - b. Receive or are eligible for federal/state housing benefits
 - c. Receive or are eligible for food stamps
4. Approval from board

All site, design decisions, development, and management of affordable housing will be at the
advisement of Pathway 2 Success Property Management and Many Moons Enterprises Inc.

All suggestions will be made to housing board for final decisions.

Service Area – CHDO will focus on the following areas in Pinellas County:

1. Palmetto
2. Childs Park
3. Citrus Grove

The date of each amendment(s) adoption: OCTOBER 31, 2014, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 10/31/14

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)

JUSTIN L. SMITH

(Typed or printed name of person signing)

PRESIDENT/CEO

(Title of person signing)