

N100000007241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

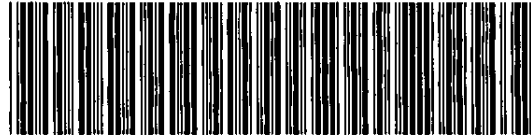
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900263512719

08/25/14--01009--027 **35.00

FILED

14 AUG 25 AM 10:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CH
2-28-14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Himfirst Community Development Group Inc

DOCUMENT NUMBER: N100000007241

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

Please return all correspondence concerning this matter to the following:

Anthony Allen

(Name of Contact Person)

Himfirst Community Development Group

(Firm/ Company)

8362 Pines Blvd #162

(Address)

Pembroke Pines, FL 33024

(City/ State and Zip Code)

admin@himfirst.org

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

For further information concerning this matter, please call:

Anthony Allen

(Name of Contact Person)

at 800 791-0826

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 25 AM 10:47

FILED

Articles of Amendment
to
Articles of Incorporation
of

Himfirst Community Development Group Inc.

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

N100000007241

(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:

N/A

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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

(Florida street address)

New Registered Office Address:

(City)

Florida

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 25 AM 10:47

FILED

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:

| | | |
|--------------------------------------------|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u> |
| <input checked="" type="checkbox"/> Remove | <u>V</u> | <u>Mike Jones</u> |
| <input checked="" type="checkbox"/> Add | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|-----------------------------------------------|--------------|-------------|----------------|
| 1) <input checked="" type="checkbox"/> Change | <u>N/A</u> | <u>N/A</u> | <u>N/A</u> |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

FILED
 14 AUG 25 AM 10:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

No part of the net earnings of the Corporation shall be insured to the benefit of any member, trustee, officer of the Corporation, or any private individual except that reasonable compensation may be paid for service rendered to or for the corporation affecting one or more of its purposes, and no member, trustee, officer of the corporation or any private individual shall be entitled to share in the distribution of any of the Corporation's assets in dissolution of the Corporation. No substantial part of the activities of the Corporation shall participate in or intervene in, the publication or distribution of statements, of any political campaign on behalf of any candidate for public office.

Upon dissolution of the Corporation or the winding up of its affairs the assets of the Corporation shall be distributed exclusively to one or more charitable, religious, scientific, testing for public safety, literary or educational organization which then qualify under the provisions of Section 501 (c) (3) of the Internal Revenue Code and its Regulations as they now exist or as they may hereafter amended, or to the federal government, for a public purpose. Any such assets not so disposed of by the court of Common Pleas of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization as said Court shall determine, which are organized and operated exclusively for such purposes.

FILED
14 AUG 25 AM 10:47
CLERK OF THE COURT
STATE OF FLORIDA

The date of each amendment(s) adoption: _____, 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 08/19/14 _____

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)

Anthony Allen

(Typed or printed name of person signing)

Chairman

(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 25 AM 10:48

FILED