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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORP	ORATION:	Im	nediste	Housing	INC	
DOCUMENT NU		<u>A\</u>				
The enclosed Artica	les of Amendme	nt and fee are	submitted for t	ĭling.		
Please return all co	rrespondence con	ncerning this r	natter to the fo	llowing:		
	En	vezto 1 (Name	Po Coe of Contact Pe	STANO	· 	
	In	n medi	ste Hz	oszing	IU	<u> </u>
	134	8 Wash	Mug tow	Ave #	199	
	Mi	(City/	Deach State and Zip (PL.	33/13	59
	I g	NACIO ddress: (to be	DAA used for future	@ hot	WAN . C.	om_
For further informa	tion concerning	this matter, pl	ease call:			
Ewer (Nan	to Cass	navo rson)	at (786.)	10958 Daytime T	349 Telephone Number)
Enclosed is a check	tor the followin	g amount mac	de payable to the	ne Florida Depa	artment of S	State:
□\$35 Filing Fee	☑ \$43.75 I Certificate	Filing Fee & of Status	Certifie	75 Filing Fee of Copy onal copy is ed)	(□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div	niling Address nendment Section vision of Corporati D. Box 6327	ions		Street Addres Amendment Se Division of Co Clifton Buildir	ection rporations	,

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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Immediate H	003ius	Tuc.	7 S. 10	ř
(Name of Corporation as curr		the Florida Dept. o	(State) F. State	ξ. ,
A \			10000000000000000000000000000000000000	
(Document Nur	nher of Corporat	ion (if known)	SEE TO	١.
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of In		this <i>Florida Not Fo</i>	or Profit Corporation adop	ots
A. If amending name, enter the new name o	f the corporatio	<u>n:</u>	₩	
The new name must be distinguishable and c	ontain the word	"corporation" or	'incorporated" or the	
abbreviation "Corp." or "Inc." "Company" o				
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		1348 #199	Weshington A	Ave
		mb F	33/39	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		Sam	e as above)	7
			· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or i	ragistared office	address in Florida	onter the name of the	
new registered agent and/or the new regi			ciner the name of the	
. Name of New Registered Agent:				
New Registered Office Address:	(Flori	da street address)		
			, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changi				
I hereby accept the appointment as registered position.	dagent. Lam	familiar with and a	eccept the obligations of th	he
, S	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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
	A		
			F-7 -
			
E. <u>If ame</u> (a <i>ttach</i>	nding or adding additional A additional sheets, if necessary,	rticles, enter change(s) here: o. (Be specific)	
	The year to the contract of th		
	1 1/		
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The date of each amendment(s) adopt	tion: Sep) 2010
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)
There are no members or members of adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were
DatedSe	P 1/2010
Signature	
(By the chair have not bee	rman or vice chairman of the board, president or other officer-if directors on selected, by an incorporator — if in the hands of a receiver, trustee, o ppointed fiduciary by that fiduciary)
	Ervesto B Castovo (Typed or printed name of person signing)
	(Title of person signing)