N12000007702

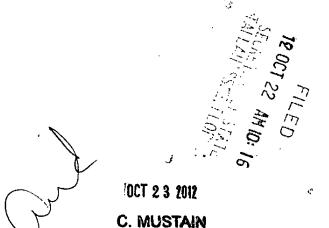
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COVER LETTER

TO: Amendment Section Division of Corporations

BROWARD COUNTY COALITION FOR COMMUNITY CHANGE, INC. NAME OF CORPORATION: N12000007702 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ROXANNE HANKERSON (Name of Contact Person) BROWARD COUNTY COALITION FOR COMMUNITY CHANGE, INC. (Firm/ Company) 1512 NW 15TH TERRACE (Address) FORT LAUDERDALE, FL 33311 (City/ State and Zip Code) msthomasroxanne@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROXANNE HANKERSON (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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 Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of	State)
N12000007702	
(Document Number of Corporation (if known)
ursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida</i> nendment(s) to its Articles of Incorporation:	Not For Profit Corporation adopts the follow
If amending name, enter the new name of the corporation:	
ame must be distinguishable and contain the word "corporation" or "incor	The n
Company" or "Co." may not be used in the name.	po,
Enter new principal office address, if applicable:	· · · · · · · · · · · · · · · · · · ·
Principal office address <u>MUST BE A STREET ADDRESS</u>)	and the state of t
	70
Enter new mailing address, if applicable:	% 22
(Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office address in I	Slovide, onton the name of the
new registered agent and/or the new registered office address:	fortua, enter the name of the
Name of New Registered Agent:	
(Florida street ad	dress)
ew Registered Office Address:	
	, Florida
(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agent:	To a consistence of the material of the contract of
hereby accept the appointment as registered agent. I am familiar with and	accept the obligations of the position.
Signature of New Registered Agent, if	

Page 1 of 4

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: X Change X Remove X Add	V Mike	Doe Jones Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	D	ROBERT BRANCH	4800 N HIATUS RD
Add			SUNRISE, FL
X Remove			33351
2) Change	D	DEMETRIUS SAVAGE	2837 NW 8TH CT
X Add			FT. LAUDERDALE, FL
Remove			33311
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	·		
Add			
Remove			
6)Change			
Add			
Remove			The second section of the section of the second section of the section of the second section of the secti

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
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The date of each amendment(s) adoption: O- U-1 U						
effe	Effective date if applicable:					
	(no more than 90 days after amendment file date)					
Ado	option of Amendment(s) (<u>CHECK ONE</u>)					
	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 10/11/2012 Signature 70 1					
	(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)					
	ROXANNE HANKERSON					
	(Typed or printed name of person signing)					
	EXECUTIVE DIRECTOR					
	(Title of person signing)					

4 **.**