N13659

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TO: Amendment Section Division of Corporations			
A.H. of Monroe County I NAME OF CORPORATION:	nc.		
N13659 DOCUMENT NUMBER:			
The enclosed <i>Articles of Amendment</i> and fee are submittee	1 for filing.		
Please return all correspondence concerning this matter to	the following:		
Eugene Scott Pridgen			
(Nar	ne of Contact Pe	rson)	
A.II. of Monroe County Inc.			
	(Firm/ Company	•)	
1434 Kennedy Drive			
	(Address)	<u></u>	
Key West Florida 33040			
(City	# State and Zip (Code)	
scott.pridgen@ahmonroe.org			
E-mail address: (to be used for f	uture annual rep	ort notification)
For further information concerning this matter, please call:			
Eugene Scott Pridgne		305	293-4800
(Name of Contact Person)	at		(Daytime Telephone Number)
Enclosed is a check for the following amount made payable	e to the Florida I	Department of S	state:
Certificate of Status Ce (A	3.75 Filing Fee & rtified Copy dditional copy is relosed)	Certifi s Certifi	Filing Fee rate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Am Div The 241	eet Address mendment Section vision of Corpo e Centre of Ta 15 N. Monroe lahassee, FL 32	rations Illahassee Street, Suite 810

Articles of Amendment to Articles of Incorporation of

A.H. of Monroe County Inc.		
(Name of Corporation as currently filed with the Florid	a Dont of State)	
N13659	<u>a nepr. or nam</u>)	2011.0000-0.000000039
(Document Nu	mber of Corporation (i	f known)
Pursuant to the provisions þf section 617,1006, Florida Sta umendment(s) to its Articles of Incorporation:	tutes, this <i>Florida Not</i>	For Profit Corporation adopts the followin
A. If amending name, enter the new name of the corpo	ration:	
		The new
name must be distinguishable and contain the word "corpe "Company" or "Co." may not be used in the name.	oration" or "incorpora	ted" or the abbreviation "Corp," or "Inc,"
B. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRE.</u>	<u>(22</u>	
		<u> </u>
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. If amending the registered agent and/or registered o	ffice address in Florid	da, enter the name of the
new registered agent and/or the new registered offic		
Name of New Registered Agent:		
	·····	(Florida street address)
<u>New Registered Office Address</u> :		
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register	ed Agent:	
hereby accept the appointment as registered agent. I am	familiar with and acce	pt 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 = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeheld, 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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	PT John D <u>V Mike Ja</u> SV Sally S	ones		
<u>Type of Action</u> (Check One)	<u>Tide</u>	Name	<u>Addres</u> s	
1) Change Add				
Remove				
2) Change Add				
Remove 3) Change Add Remove		<u>-</u>		
4) Change Add				
Remove				
5) Change Add				
Remove				
6) Change Add				
Remove				
E. <u>If amending or addin</u> (attach additional shee 		icles, enter change(s) here: (Be specific)		
Article IV Purpose				
The object, general purpose and nature of this Corporation and its Subsidiaries shall be to establish and maintain in Monroe				
County, Florida, a Corporation that will provide case managed health care, food programs, counseling, housing, resources				
and services to individuals and families, clinical, and other supportive and volunteer services. Increase affordable housing				
by acquiring, developing,	and maintaining	low-income and work-force housing for perso	ns in need. Conduct health	

education, linkag	e to care, and housing	programs that further	r seek an HIV-Free gei	neration and the e	limination of

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homelessness in Monroe County, Florida.

The date of each amendment(s) adoption:	02/09/2024	, if other than the	
date this document was signed.			
Effective date <u>if applicable</u> :		······································	
(no more than 90 days after amendment file date)			

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, 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 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 Signature (By the 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) Rebecca Balcer (Typed or printed name of person signing)

President

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(Title of person signing)



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 5, 2024

EUGENE SCOTT PRIDGEN 1434 KENNEDY DRIVE KEY WEST, FL 33040

SUBJECT: A.H. OF MONROE COUNTY, INC. Ref. Number: N13659

We have received your document for A.H. OF MONROE COUNTY, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 424A00012199