114993

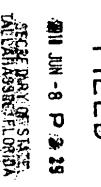
(Re	questor's Name)	
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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	at for Humanity of Greater	Orlando, Inc.			
N14993 DOCUMENT NUMBER:					
The enclosed Articles of Amendment a	and fee are submitted for fili	ng.			
Please return all correspondence conce	rning this matter to the follo	owing:			
Catherine McManus					
	(Name of Co	ontact Person)			
	(Firm/ (Company)			
4116 Silver Star Road					
	(Ad	dress)			
Orlando, Florida 32808					
	(City/ State	and Zip Code)			
legal@habitatorlando.org					
E-mail addre	ess: (to be used for future ar	nual report noti	fication)	
For further information concerning this	matter, please call:				
Christopher Linde		407 at		648-4612	
(Name of C	Contact Person)	(Area	Code)	(Daytime Telephone	Number)
Enclosed is a check for the following ar	mount made payable to the i	Florida Departm	nent of S	tate:	
	Filing Fee & S43.75 File Carte of Status Certified (Additional enclosed)	Copy al copy is	Certific Certific	Filing Fee cate of Status ed Copy onal Copy is ed)	
Mailing Address Amendment Section		Street Add Amendmen		חס	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Habitat for Humanity of Greater Orlando, Inc.

FILED

Haonar for Humanity of Greater Orlando, Inc.		
(Name of Corporation as curren	tly filed with the Florida Dep	ot. of State)
N14993		御W JUN -8 P ※ 25
·	er of Corporation (if known)	SECRETARY OF STATE
Pursuant to the provisions of section 617.1006. Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit</i>	Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
Habitat for Humanity Greater Orlando and Osceola County, I	nc.	The new
name must be distinguishable and contain the word "corpora "Company" or "Co," may not be used in the name.	tion" or "incorporated" or the	
B. Enter new principal office address, if applicable:	N/H	
(Principal office address MUST BE A STREET ADDRESS		
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 a new registered agent and/or the new registered office a		he name of the
	1.	
Name of New Registered Agent:	J/A	
New Registered Office Address:	(Florida stre	et address)
	(City)	Florida (Zip Code)
	•	, . , ,
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		gations of the position.
	ignature of New Registered Ag	ent, 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 = 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		<u>Doe</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add Remove			
2) Change Add			
Remove 3) Change			
Add			
4) Change Add			
Remove			
5) Change Add			
Remove 6) Change			
Add			
Remove			

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	*		June 4, 2018			
	e date of each amen this document was		n:	, if other than the		
Effe	ective date <u>if appli</u> c	able:				
			(no more than 90 days after amendment file date)			
			es not meet the applicable statutory filing requirements, this date wi ent of State's records.	ll not be listed as the		
Adoption of Amendment(s)		nt(s)	(CHECK ONE)			
	The amendment(s) was/were sufficien	•	by the members and the number of votes cast for the amendment(s)		
	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	June 4, 2018	 			
(B		Catherine McM				
		have not been sele	or vice chairman of the board, president or other officer-if directors setted, by an incorporator – if in the hands of a receiver, trustee, or need fiduciary by that fiduciary)			
		Catherine McN	Manus			
			(Typed or printed name of person signing)			
		President & CI	EO			
			(Title of person signing)			