

(R€	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
:		



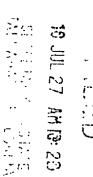


100316132181

07/27/18--01009--006 **35.00

And

R. WHITE AUG 01 2018



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	Habitat for Humanity	Greater Orlando and	d Osceola Cou	nty, Inc.
NI DOCUMENT NUMBER:	4993		<u> </u>	
The enclosed Articles of Amen	dment and fee are subm	nitted for filing.		
Please return all correspondenc	e concerning this matter	to the following:		
Chris Linde				
	((Name of Contact Pe	erson)	
Habitat for Humanity Greater (Orlando and Osccola Co	ounty, Inc.		
-		(Firm/ Company	·)	
4116 Silver Star Road				
		(Address)		
Orlando, Florida 32808				
<u> </u>	((City/ State and Zip (Code)	
legal@habitatorlandoosceola.c	rg			
E-m	ail address: (to be used	for future annual rep	ort notification)
For further information concern	ing this matter, please o	all:		
Chris Linde		at	407	648-4612
(N	ame of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following	owing amount made pay	vable to the Florida I	Department of S	State:
■ \$35 Filing Fee □	343.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i. enclosed)	Certifi s Certifi	O Filing Fee cate of Status led Copy cional Copy is esed)

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 to Articles of Incorporation

of



Habitat for Humanity Greater Orlando and Osceola Cou	inty, Inc.	18 JUL 27 AM FR. 22	
(Name of Corporation as cu	rrently filed with t	he Florida Dept. of State) 10, 20	
N14993		and Aleger States	
(Document N	Number of Corporati	on (if known)	
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida</i>	Not For Profit Corporation adopts	the following
A. If amending name, enter the new name of the corp	oration:		
	9 11	P. Alexandrian "Comm	The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration or incor	poratea or the aboreviation Corp	, or inc.
B. Francisco de Grandense de conficable.			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.	<u>ESS</u>)		
			 .
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	 		
		<u>-</u>	
D. If amending the registered agent and/or registered	l office address in F	lorids, enter the name of the	
new registered agent and/or the new registered of		TOTAL CARE THE MANAGE OF THE	
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 Regist I hereby accept the appointment as registered agent. I a	ered Agent: am familiar with and	accept the obligations of the position	n.
	Signature of Nev	v 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 = 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mi</u>	in Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Leigh Newton	4116 Silver Star Road
x Add			Orlando, Florida 32808
Remove			
2) X Change	COO	Christopher Linde	4116 Silver Star Road
Add			Orlando, Florida 32808
Remove			
3) Change			
Add			
Remove			
4) Change		 	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)
<u> </u>	
 _	
	······································
-	

The date of each amendme	nt(s) adoption:	_, if other than the
date this document was signed	ed.	
Effective date if applicable	:	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	e listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was was/were sufficient for	/were adopted by the members and the number of votes cast for the amendment(s) approval.	
There are no members adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were f directors.	
July Dated	7 20, 2018	
Signature		_
have	he chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)	_
(Catherine McManus	
-	(Typed or printed name of person signing)	
1	Catheria 5. McManya (Title of person signing)	