## N14993

(Re	questor's Name)	
(Ad	dress)	
	dress)	<del></del>
(	,	
(Cit	y/State/Zip/Phone	<del>:</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer:	
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Office Use Only



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C. GOLDEN

JUL 1 6 2019

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	ando and Osceola County. INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing	ng.
Please return all correspondence concerning this matter to the follow	wing:
Jennifer Gallagher	
(Name of Co	ntact Person)
Habitat for Humanity Greater Orlando and Osceola County, INC.	
(Firm/ C	ompany)
4116 Silver Star Road	
(Add	lress)
Orlando, FL 32808	
(City/ State a	nd Zip Code)
jgallagher@habitatorlandoosceola.org	
E-mail address: (to be used for future an	nual report notification)
For further information concerning this matter, please call:	
Jennifer Gallagher	407 440-6979 at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the F	lorida Department of State:
S35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee Certificate of Status Certified C (Additiona enclosed)	Copy Certificate of Status

Mailing Address

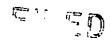
Amendment Section Division of Corporations P.O. Box 6327

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



labitat for Humanity Greater Orlando and Osceola County, INC.		2019 1111 -3 A		
(Name of Corporation	as currently	filed with the	Florida Dept. of State)	<del>-</del>
N14993				
(Docum	ent Number	of Corporation	(if known)	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 617.1006, Flori mendment(s) to its Articles of Incorporation:	ida Statutes.	this <i>Florida No</i>	t For Profit Corporation	adopts the following
v. If amending name, enter the new name of the	corporation	<u>1:</u>		
NA				The new
ame must be distinguishable and contain the word Company" or "Co." may not be used in the name		n" or "incorpoi	rated" or the abbreviation	
B. Enter new principal office address, if applicable Principal office address MUST BE A STREET AL	<u>ole:</u>	IA .	· · · · · ·	
<del></del>	<u></u> ,		······································	
	_			*-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA .	<u>.</u>	
	_			
	_			
D. If amending the registered agent and/or regist	tered office	address in Flor	ids enter the name of	the
new registered agent and/or the new registere			Tadi enter the mine of	
Name of New Registered Agent:	NA			
	<u> </u>		(Florida street address)	
New Registered Office Address:			(1 Torible Sireer telepress)	
_	NA			ida
		(City)	(Z	ip Code)
iew Registered Agent's Signature, if changing R hereby accept the appointment as registered agent.			cept the obligations of th	e position.
<del>-</del>	Sign	nature of New Ro	egistered Agent, if chang	ring

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	cos	Jennifer Erin Gallagher	4116 Silver Star Road
X Add			Orlando, FL 32808
Remove			
2) Change			
Add			
Remove			<del></del> .
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (attach additional sheets, if necessary). (Be specific)  Jennifer Erin Gallagher's title is Chief of Staff (COS)				
	_			
	_			
	_			
	_			

	June 18, 2019	
The date of each amenda	nent(s) adoption:	_, if other than the
date this document was sig	· · · · · · · · · · · · · · · · · · ·	_
ante tino document was one		
mee at a common to the	June 18, 2019	
Effective date if applicab		
	(no more than 90 days after amendment file date)	
Note: 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) ( <u>CHECK ONE</u> )	
The amendment(s) was/were sufficient for	as/were adopted by the members and the number of votes cast for the amendment(s) or approval.	
There are no member adopted by the board	rs or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
6/ Dated	/27/2019	
Signature /	Link a. Newto	
	the chairman or vice chairman of the board, president or other officer-if directors	_
	ive not been selected, by an incorporator – if in the hands of a receiver, trustee, or	
	her court appointed fiduciary by that fiduciary)	
	Leigh Andrea Newton	
	(Typed or printed name of person signing)	
	VP of Construction and Real Estate	
	(Title of person signing)	