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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:Community R	teinvestment Alliance of South Florida Inc.
DOCUMENT NUMBER:N1500000294	
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
Cornell Crews Jr	
	(Name of Contact Person)
Community Reinvestment Alliance of South Fl	orida Inc.
	(Firm/ Company)
300 NW 12 ave	
	(Address)
	(Fidule)
Miami Fl 33128	
	(City/ State and Zip Code)
cornell@crasf.org E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, please	· · · · · · · · · · · · · · · · · · ·
ror turner information concerning this matter, please	e can.
Cornell Crews Jr	786 266-1158
(Name of Contact Persor	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
S35 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	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

Community Reinvestment Alliance of South Florida Inc.

Name of Corporation as currently filed with the Florida	Dept. of State)		· · · · · · · · · · · · · · · · · · ·
N15000002943			
(Document Num	nber of Corporation (if know	(ור	
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not For Pi</i>	rofit Corporation adopts the	: following
A. If amending name, enter the new name of the corpor	ation:		
Community Reinvestment Alliance of Florida Inc.			The new
name must be distinguishable and contain the word "corpor" (Company or "Co," may not be used in the name.	ration" or "incorporated" o	r the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	<u> </u>		
			
			202;
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u>-</u>	HALS
·			12
		<u> </u>	_ _ ₹ □
			- &
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.	ffice address in Florida, ent address:	ter the name of the	10
Name of New Registered Agent:			
No. 1 Providence I Office I I I I and	(Floride	a street address)	
New Registered Office Address:			
	// Tana	, Florida (Zip Code)	
	(City)	(ZIP Coae)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am J		obligations of the position.	
	Signature of New Registered	I 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 Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X.Change X.Remove X.Add	PT John De Y Mike Je SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove 4 Add Remove	<u></u>		
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
		 -	·

		
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1 11		
		<u>.</u>
		
The date of each amendment(s) adoption date this document was signed.	F	, if other than the
Effective date if applicable:		
(1)	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not but of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes east for the amendment(s)	

There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
Dated	
	(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
	(Typed or printed name of person signing)
	(Title of person signing)