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Amend

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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: FLORIDA URBAN HOMESTEADING, INCOMPE	xated
DOCUMENT NUMBER: NISOCOOST97	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
PATRICK ESSIER	
(Name of Contact Person)	
FLORIDA URBAN LOMESTEADING INCOMPOLICHED	
1917A HAAS ROAD	
(Address)	
APOPKA, FLORIDA 32.712	
(City/ State and Zip Code)	
FLORIDUPRADHOMESTEADING COMAIL. COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ATRICK FSSIER at 407-920-5584	
(Name of Contact Person) (Area Code) (Daytime Telepho	one Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status (Additional copy is Enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

Articles of Amendment

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Articles of Incorporation

CORIDA DESAN HOMESTEADING TINC OF DUTATE d

(Name of Corporation as currently filed with the Florida Dept. of State)

NISOCOOS797

(Document Number of Corporation (if known)

. If amending name, enter the new name of the corporatio	<u>n:</u>	
N/A		The nev
ame must be distinguishable and contain the word "corporation	on" or "incorporated" or the a	bbreviation "Corp." or "Inc."
Company" or "Co," may not be used in the name.	1 1/0	
Enter new principal office address, if applicable:	NA	
Principal office address <u>MUST BE A STREET ADDRESS</u>)		101
-		<u> </u>
-		
Enter new mailing address, if applicable:	N 1/A	S. S
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	Since 3
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new registered agent and/or the new registered office ad Name of New Registered Agent:	dress:	nddress)
new registered agent and/or the new registered office ad Name of New Registered Agent:	dress: NA (Florida street of	nddress), Florida
new registered agent and/or the new registered office ad Name of New Registered Agent:	dress:	nddress)
new registered agent and/or the new registered office ad Name of New Registered Agent:	(City)	nddress), Florida
new registered agent and/or the new registered office ad Name of New Registered Agent: New Registered Office Address:	(City)	nddress), Florida (Zip Code)

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>V Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	JUDSON GIDDENS	3498 ROLLING WAY
Add Remove			ORLANDO, FL 32808
2) Change Add	P	PATRICK ESSIER	1917A HAAS ROAD APOPKA, FL 32712
Remove 3) X Change Add	TS	COLENE TESSIER	1917A HAAS ROAD APOPKA,FL 32712
Remove 4) Change Add	<u>vp</u> _	KIM PEDERSON	1539 BLUE SKY BLUD HAINES CITY, FL 33844
Remove 5) Change Add	<u>D</u> CHARITA	TIMOTHY RATUFF ABLE DIRECTOR	5869 RED FOX DRIVE WINTER HAVEN, PC 33884
Remove 6) Change Add	ENEMIZ	FRANK STOSBERG DIRECTOR	8047 COUNTY ROAD SEI CLERMONT, FL 34711
Remove			-

E. If amending or adding additional A (attach additional sheets, if necessary)	. (Be specific)
A	
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	e date of each amendment(s) adoption:e this document was signed.	, if other than the
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will current's effective date on the Department of State's records.	not be listed as the
٩d٥	option of Amendment(s) (CHECK ONE)	
KÓ	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 11/20/2015	
	Signature	
	(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 other court appointed fiduciary by that fiduciary)	
	PATRICK ESSIER	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	,

(Title of person signing)