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SECRETARY OF STATE

DEC 03 2014 C. CARROTHERS

COVER LETTER

Division of Corporations .
NAME OF CORPORATION: Affordable Living for Single Parents Inc
DOCUMENT NUMBER: N 150000 6212
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Patricia Jones (Name of Contact Person)
Affordable living for Single Parents Inc.
3800 SW 58th Terr (Address)
West Park Fl 33023 (City/State and Zip Code)
Ms do rothyshouse a gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Patricia Jones at 754-245-1904 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee \& \bigcup \\$43.75 Filing Fee \& \bigcup \\$52.50 Filing Fee \$\bigcup \\$552.50 Filing Fee

Mailing Address

TO: Amendment Section

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

Affordable lying for	Single la	rents	Inc.	
(Name of Corporation as curren	tly filed with the Flori	da Dept. of Sta	<u>te</u>)	
(Dogument Numb	er of Corporation (if kn			_
·	•	•	. svæt	. ~
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For</i>	Profit Corpora	tion adopts the follow	ا منت
•				NO.
A. If amending name, enter the new name of the corporati	<u>on:</u>	- T	15 N	3
name must be distinguishable and contain the word reorporal	HOUSE	" or the abbrevi	The n	iew E" ==
"Company" or "Co." may not be used in the name.	ion or incorporateu	or the abbrevi	union corp. or	
B. Enter new principal office address, if applicable:			KK TO	. OS
(Principal office address MUST BE A STREET ADDRESS)				
				—
C. Enter new mailing address, if applicable:	DA	Q =>	1 59121	185
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u> </u>	7 1 - 7	200
	Ft. La	udera	lale, E/	
	333.	59_		
D. If amending the registered agent and/or registered office	ce address in Florida,	enter the na <u>me</u>	of the	
new registered agent and/or the new registered office a				
Name of New Registered Agent:				
New Registered Office Address:	(Flo	orida street address,)	
New Registered Office Address.		_		
	(City)	, l	Florida <i>(Zip Code)</i>	
			,	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept	the obligations	of the position.	
	 			
S	ignature of New Regist	ered Agent, if ch	ianging	

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</u> <u>Mik</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add			
Remove 2) Change Add			
Remove 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)
ArticleTIT
Our purpose is to assist low income
single mothers to get training in various
arelas from budgeting, parenting, home-
ownership, etc. In addition we will
introduce them to higher levels
of education and cateers with
the intention of getting them
enrolled in school. Onte accepted
into school we will ofter limited
of possibly No cost for a maximum
of possibly No cost for a maximum of eighteen months while
attending school
41 - NOW, NY SENSON,

The date of each amendment(s) adoption:		_, if other than the	
Effe	ective date <u>if applicable</u> :		
	(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 not be ument's effective date on the Department of State's records.	e listed as the	
Ado	option of Amendment(s) (CHECK ONE)		
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.		
À	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 25/15		
	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 fouciary by that fiduciary)	-	
	Patricia Jones (Typed or printed name of person signing)		
	President (Title of person signing)		