11/18 0000003166

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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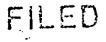
TO: Amendment Section Division of Corporations

| T&T SUPPORTIVE HOUSING INC. NAME OF CORPORATION: |
|--|
| N18000003166 |
| DOCUMENT NUMBER: |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| TRAVIS J HENRY SR |
| (Name of Contact Person) |
| THE T&T GROUP |
| (Firm/ Company) |
| 7401 WILES RD SUITE 344 |
| (Address) |
| CORAL SPRINGS FL 33076 |
| (City/ State and Zip Code) |
| thetntgroup@gmail.com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| TRAVIS J HENRY SR 954 796-0186 at |
| (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 Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |

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



T&T SUPPORTIVE HOUSING INC.

211 RIS 19 P 2 10

| Tall Boll of the Briodbin of five. | | | - Cala Was Lat C. S. N.A. | |
|--|--------------|---------------------------|---|--|
| (Name of Corporation | as curren | tly filed with th | e Florida Dept. of State) | |
| N18000003166 | | | TALLAHASSEE, FLORIUA | |
| (Docun | nent Numb | er of Corporation | n (if known) | |
| Pursuant to the provisions of section 617.1006, Flor imendment(s) to its Articles of Incorporation: | rida Statut | es, this <i>Florida N</i> | lot For Profit Corporation adopts the following | |
| A. If amending name, enter the new name of the | corporat | <u>ion:</u> | | |
| N/A | | | The new | |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the name | - | tion" or "incorp | orated" or the abbreviation "Corp." or "Inc." | |
| 3. Enter new principal office address, if applica | ble: | N/A | | |
| Principal office address <u>MUST BE A STREET A</u> | |) _{N/A} | | |
| | | N/A | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | <i>BOX</i>) | N/A | | |
| · | | N/A | | |
| | | N/A | | |
|). If amending the registered agent and/or regis | | | orida, enter the name of the | |
| new registered agent and/or the new register | ed office | address: | | |
| Name of New Registered Agent: | N/A | | | |
| | N/A | | | |
| | | (Florida street address) | | |
| New Registered Office Address: | | | | |
| | N/A | | , Florida N/A | |
| | | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen | | | accept the obligations of the position. | |
| | | | | |
| - | | Signature of New | 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 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 |
| l) Change | | <u> </u> | |
| Add | | | <u> </u> |
| 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 char (attach additional sheets, if necessary). (Be specific) | ige(s) nere. |
|---|--|
| ADDITION TO BY-LAWS | |
| | |
| ARTICLE XIII | |
| DISSOLUTION STATEMENT | |
| Jpon dissolution, all of the corporation's assets shall, after | all of its liabilities and obligations have been discharged or |
| dequate provision made thereof, be distributed to any asso | ociation or associations organized for purposes similar to the |
| ourpose of the corporation as may be designated by a majo | rity of the directors of the corporation then holding office, |
| provided that such organization is an organization qualified | I under Section 501(c) (3) of the Internal Revenue Code of |
| 1954, as amended. | |
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| The date of each amendment(s) adoption: | , if other than the |
|--|-------------------------------------|
| date this document was signed. | |
| N/A Effective date if applicable: | |
| (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, document's effective date on the Department of State's records. | this date will not be listed as the |
| Adoption of Amendment(s) (<u>CHECK ONE</u>) | |
| The amendment(s) was/were adopted by the members and the number of votes cast for the arwas/were sufficient for approval. | mendment(s) |
| There are no members or members entitled to vote on the amendment(s). The amendment(s) adopted by the board of directors. | was/were |
| Dated | |
| Signature Janny Robinson | |
| (By the chairman or vice/chairman of the board, president or other officer- have not been selected, by an incorporator – if in the hands of a receiver, other court appointed fiduciary by that fiduciary) | |
| TAMMY ROBINSON | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| (Title of person signing) | |