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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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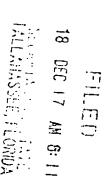
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: <u>South</u>                        | FLORIDA C                | OMMUN             | HTY PARTNERS, INC.         |  |
|--|--------------------------|-------------------|----------------------------|--|
| DOCUMENT NUMBER: EIN 83-13                               | 04047                    |                   |                            |  |
| The enclosed Articles of Amendment and fee are subm      | nitted for filing.       |                   |                            |  |
| Please return all correspondence concerning this matter  | to the following:        |                   |                            |  |
| ALFRED C. CALLOWAY                                       | ·                        |                   |                            |  |
|  | (Name of Contact Per     | rson)             |                            |  |
| SOUTH FLORIDA COMMU                                      | INITY PAR                | TNERS             | INC.                       |  |
|  | (Firm/ Company           | )                 |                            |  |
| 425 S.W. 4TH AVENUE                                      | APARTMO                  | ENT #             | : 701                      |  |
|  | (Address)                | <u> </u>          |                            |  |
|  |                          |                   |                            |  |
| FORT LAUNERDALE, FL                                      | 333/5                    | 'ada)             | 11 - 2-1-2-11              |  |
|  |                          | .oue)             |                            |  |
| AL. CALLOWAY 715 @ GMAIL.<br>E-mail address: (to be used | COM                      |                   |                            |  |
| E-mail address: (to be used                              | for future annual rep    | ort notification  | 1)                         |  |
| For further information concerning this matter, please   | call:                    |                   |                            |  |
|  |                          |                   |                            |  |
| ALFRED C. CALLOWAY (Name of Contact Person)              | at _                     | 561               | 305-5210                   |  |
| (Name of Contact Person)                                 |                          | (Area Code)       | (Daytime Telephone Number) |  |
| Enclosed is a check for the following amount made pay    | yable to the Florida D   | epartment of      | State:                     |  |
| ⊠ \$35 Filing Fee □\$43.75 Filing Fee & □                | □S43.75 Filing Fee       | & <b>□\$</b> 52.5 | 0 Filing Fee               |  |
| Certificate of Status                                    | Certified Copy           | Certif            | icate of Status            |  |
|  | (Additional copy is      |                   | ied Copy                   |  |
|  | enclosed)                | (Addi<br>Enclo    | tional Copy is<br>osed)    |  |
| Mailing Address  | <u>Str</u>               | eet Address       |                            |  |
| Amendment Section  |                          | endment Sect      |                            |  |
| Division of Corporations                                 | Division of Corporations |                   |                            |  |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| SOUTH FLORIDA COM. (Name of Corporation:   | MUNI          | IY PARTNERS, INC.                              |                   |                  |
|--|---------------|--|-------------------|------------------|
| (Name of Corporation :   | as current    | ly filed with the Florida Dept. of State)      |                   |                  |
| EIN 83-1504047   | NI            | 14580000                                       |                   |                  |
|  | ent Numbe     | er of Corporation (if known)                   |                   |                  |
| Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation: | da Statute    | s, this Florida Not For Profit Corporation add | opts the fol      | lowing           |
| A. If amending name, enter the new name of the   | corporati     | on:  |                   |                  |
| 11/1   |               |  | <b>T</b> .        | <b>L</b>         |
| name must be distinguishable and contain the word  | *corporat     | ion" or "incorporated" or the abbreviation "(  |                   | he new<br>"Inc." |
| "Company" or "Co." may not be used in the name   |               | ,  | F.                |                  |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL   |               | NA   |                   | <del></del>      |
|  |               |  |                   | <del></del>      |
|  |               |  |                   |                  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B                 | 8 <i>0X</i> ) | NA   | 7217              | 18               |
|  | <u></u>       |  |                   |                  |
|  |               |  | <u>==-</u><br>3≥: |                  |
|  |               |  | <u> </u>          |                  |
| D. If amending the registered agent and/or registered agent and/or the new registered                |               |  |                   | E 0              |
| Name of New Registered Agent:  | 11/           | 1  | 골길                |                  |
| <u>Name of New Registerea Agent</u> :  | 10/1          | t .  |                   |                  |
|  |               | (2) :1 : 1                                     |                   |                  |
| New Registered Office Address:   |               | (Florida street address)                       |                   |                  |
|  |               | , Florida _                                    |                   |                  |
|  |               | (City) (Zip Ce                                 | ode)              |                  |
| New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent  |               |  | osition.          |                  |
|  | . /           |  |                   |                  |
| <u> </u>   | 1/14          | <u> </u>                                       |                   | _                |
|  | Si            | gnature 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 |              | Doe<br>Jones<br>Smith |                           |
|----------------------------------|--------------|-----------------------|---------------------------|
| Type of Action<br>(Check One)    | <u>Title</u> | Name                  | <u>Addres</u> s           |
| 1) Change                        | <u>PD</u>    | ALFRED C. CALLOWAY    | 425 S.W. 4 14 AVENUE #701 |
| X Add                            |              |                       | FORT LAUDERDALE,          |
| Remove                           |              |                       | FL 33315                  |
| 2) Change                        | VIO          | ERA P. MOZIE          | 410 S.W. 29 TERRACE       |
| X Add                            |              |                       | FORT LAUNERBALE,          |
| Remove                           |              |                       | <u>/=1 33312</u>          |
| 3) Change                        | 50_          | GWENDOLYN DE LEPINE   | 2630 S.W. 55 HAVENUE      |
| X Add                            |              |                       | WEST PARK, FL 33023       |
| Remove                           |              |                       |                           |
| 4) Change                        | _D           | CAROLYN P. KENNEDY    | 185 SO. BARFIELD H'WAY    |
| _X_ Add                          |              |                       | PAHOKEE, FL 33476         |
| Remove                           |              |                       |                           |
| 5) Change                        |              | GENE S. TINNIE        | 74 N.W. 51 STREET         |
| X_ Add                           |              |                       | MIANI, FL 33127           |
| Remove                           |              |                       |                           |
| 6) X Change                      |              | N/A                   |                           |
| Add                              |              |                       |                           |
| Remove                           |              |                       |                           |

| If amending or additional sh | neets, if necessary | ). (Be specific)                      | )             |          |   |       |
|------------------------------|---------------------|---------------------------------------|---------------|----------|---|-------|
| N/A                          |                     |                                       |               |          |   |       |
| 70774                        | <u> </u>            |                                       |               |          |   | <br>  |
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|                              | ···                 |                                       |               |          |   |       |
|                              |                     |                                       |               |          |   | <br>  |

| The date of each amendment(s) adoption:  | , if other than the |
|--|---------------------|
| Effective date if applicable: DECEMBER 12, 2018  (no more than 90 days after amendment file date)  | <u> </u>            |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.   | e listed as the     |
| Adoption 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.   |                     |
| 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 <u>DECEMBER 14, 2018</u>   |                     |
| (By the chairman of 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) | -                   |
| ALFRED C. CALLOWAY  (Typed or printed name of person signing)  |                     |

(Title of person signing)