N19000010824

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION: EHDOC Alto Tow	er Charitable Corporation				
	1BER: N19000010824					
	es of Amendment and fee are su	bmitted for filing,				
Please return all corr	espondence concerning this ma	tter to the following:				
	Roland J. Broussard, Vice Pr	esident Development				
		Name of Contact Persor	1			
	Elderly Housing Developmen	nt and Operations Corporat	ion			
		Firm/ Company				
	1580 Sawgrass Corporate Parkway, Suite 100					
		Address				
	Fort Lauderdale, Florida 333	23				
		City/ State and Zip Code	2			
	rbroussard@ehdoc.org					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	ion concerning this matter, pleas	se call:				
Roland Broussard		at (954	835-9200 x 234			
Name	e of Contact Person	at (954) 835-9200 x 234 Area Code & Daytime Telephone Number				
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

EHDOC Alto Tower Charitable Corporation	2.200 . 69 ()	2.01
(Name of Corp.	poration as currently filed with the Florida Dept. of	State)
N19000010824		
(D	Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts	s the following amendment(s) t
A. If amending name, enter the new name of t	the corporation:	
		The new
name must be distinguishable and contain the wor "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the d	rd "corporation," "company," or "incorporated" or the "Inc," or "Co". A professional corporation name abbreviation "P.A."	he abbreviation "Corp.,"
B. Enter new principal office address, if appli	icable:	
(Principal office address MUST BE A STREET		
		····
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>E BOX</u>)	
		<u> </u>
D. If amending the registered agent and/or re-	gistered office address in Florida, enter the name o	f the
new registered agent and/or the new regist		
Name of New Registered Agent		
nume of the negative agent		
	(Florida street address)	
	(Florida sirver (adaress)	
New Registered Office Address:		orida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing	a Registered Agent	
	gent. I am familiar with and accept the obligations of	the position.
	Signature of New Registered Agent, if changing	
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
I) Change	D	_	Thomas P. Villanova	
Add X Remove				
2) Change	D	_	Paulo Melo	
X Add				
Remove Change		_		
Add				
Remove				
4) Change		_		
Add Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach a	idditional shee	<u>g</u> additional Ai ets, if necessary)	. (Be specif	ìc)	_			
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If an an	endment pro	vides for an ex- menting the an	change, recla	ssification, or	cancellation	of issued shar	res,	
(if	not applicable	nenting the au , indicate N/A)	ienament ii n	or contained	in the amend	iment usen:		
								
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	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a action was not required.	idopted by the incorporators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes cast for the amer sufficient for approval.	ndment(s)
	approved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
06/26/20 Dated Signature	Hevettvoluler	
	director, president or other officer - if directors or officers have no	
	ted, by an incorporator – if in the hands of a receiver, trustee, or ot inted fiduciary by that fiduciary)	ner court
	Steve Protulis	
	(Typed or printed name of person signing)	
	President/CEO	
	(Title of person signing)	· -