N190000 11516

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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: St. MAtthew Community Development Corporation
DOCUMENT NUMBER: N19000 11516
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nista King (Name of Contact Person)
(Name of Contact Person)
St. Matthew Community Development Corporation (Firm/Company)
(Firm/ Company)
15712 NW 140th street
(144)
alachua, FC 324/5 (City/ State and Zip Code)
(City/ State and Zip Code)
Smbc 32 VISQ gmail, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at 386/588 - 1583 (Area Code) (Daytime Telephone Number)
(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
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

St. Mathew Community (Name of Corporation as currently filed with the F	Development (Corporation
N 19000	t Number of Corporation (if kno	wn)
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the contain the word "Company" or "Co," may not be used in the name.		OMOst Curporation The new or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
(17 meipar ogjete aantess <u>istorijsts is og teessi jats</u>		2020 OCJI
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		nter the name of the
Name of New Registered Agent:		
New Registered Office Address;	(Flor	ida street addressi
_	(0)	Florida
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		(Zip Code) ne obligations of the position.
	Signature of New Register	ed 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 Do Mike Jo Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
l) Change Add		-		<u> </u>
Remove				
2) Change Add		_		
Remove 3) Remove Add Remove		-		
4) Change Add				
Remove				_
5) Change Add		_		
Remove				<u>-</u>
6) Change Add		_		
Remove			_	
E. If amending or addin (attach additional shee	g additions, if neco	onal Arti essary).	cles, enter change(s) here: (Be specific)	
				
			 	

<u> </u>
$1 \int_{-\infty}^{\infty} $
The date of each amendment(s) adoption: 10/0/2000, if other than to
date this document was signed.
The date of each amendment(s) adoption: 10 Q QQO
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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.

Dated	[le] 303 Q
have no	hairman or vice chairman of the board, president or other officer-if directors t been selected, by an incorporator – if in the hands of a receiver, trustee, or our appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	CEO
-	(Title of person signing)