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C. BRUMBLEY JAN 1 3 2022

COVER LETTER

TO: Amendment Section Division of Corporations name of corporation: Habitat for Humanity of Hills borough County

DOCUMENT NUMBER: N 19679 Florida Inc The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Marla Turnes
(Name of Contact Person) Habitat for Humanity of Hillsborough County Ebrida, Inc 509 East Jackson Street Tampa FL 33602 GCC ounting a habitathills barough, org For further information concerning this matter, please call: Marla Turner at (8/3) 334-4283 (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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy RECEIVED Certified Copy (Additional copy is 150/24 11/80/24 (Additional Copy is enclosed) 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

1022 JAN -7 AM 8: 06

Articles of Amendment to Articles of Incorporation

of

Habitat for Humanity of His	Ilsborough County Florida Inc
(Name of Corporation as currently filed with the Florida D	Dept. of State)
11 196 79	
(Document Number	per of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation	es, this Florida Not For Profit Corporation adopts the following
	tion" or "incorporated" or the abbreviation "Corp," or "Inc."
"Company" or "Co." may not be used in the name.	non or incorporated or at any extension corp. or inc.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	022
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
(Maining dauress MAT BE A FUST OFFICE BUX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office as	
new registered agent and/or the new registered office at	indiress.
Name of New Registered Agent:	Ting forcier
	(Florida street address)
New Registered Office Address:	
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am fan	miliar with and accept the obligations of the position.
Sis	ignature 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	PT John D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) <u>⊀</u> Change Add	CEO	Ting Forcier	507 Faut Jackson Street
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 additional sheet		ticles, enter change(s) here: (Be specific)	

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	<u> </u>		
			
The date of each amendment(s) adoption:			, if other than the
date this document was signed.			
Effective date <u>if applicable</u> :	more than 90 days after amei	July and file July	
(no i	more than 90 days after amei	nament file date)	
Note: If the date inserted in this block does no	it meet the applicable statutor	y filing requirements, this date	will not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Adoption of Amendment(s) (CHECK ONE)

Dated	1/5/22
Cimatura	ms ll.
have	the chairman or vice chairman of the board, president or other officer-if direction to been selected, by an incorporator — if in the hands of a receiver, trusteer court appointed fiduciary by that fiduciary)
	Mark A. Zdrojewski
_	(Typed or printed name of person signing)

(Title of person signing)