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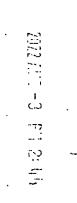
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Hobitat for Homanity of Hills borough Goods FL I	۳5.
DOCUMENT NUMBER: N / 7 6 7 9	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Marla Turner (Name of Contact Person)	
Hab, tot for Himanity of Histoborough County FL Ing. (Firm/Company)	
507 E Jackson 5+ (Address)	
Tampa FL 33602 (City/ State and Zip Code)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Marla Torner at \$13 334-4283 (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 \$\text{\text{Certificate of Status}}\$ Certificate of Status	

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

Hob, fat for Humanity of (Name of Corporation as currently filed with the Florid	Hills borough (ountry 5	Line
(Name of Corporation as currently med with the Provided A	1967 9	
(Document Nu	imber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts	the following
A. If amending name, enter the new name of the corpo	ration:	
NIA		The new
name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp	2." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	<u>N/A</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N / A	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.		2:22
Name of New Registered Agent:	N)A	<u> </u>
	<i>y</i> - '3	မ်
New Registered Office Address:	(Florida street address)	
	, Florida	- .
	(City) , Florida (Zip Code)	=
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent: I familiar with and accept the obligations of the position	ın.
	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>Doe</u> Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Add		Danon Moorer	Jog East Jackson & 7 Tampa FL 33602
Remove			
2) Change Add		Mark Zdrojewski	Jog East Jackson St Tango F637602
Remove 3) Change Add Remove	VC	Danon Moorer	509 Fact Jackon JT Tampa FL 33602
4) Change Add	*		
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional she		ticles, enter change(s) here: (Be specific)	
		NIA	
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			•	
	.•			if other than the
The date of each amendment(s) adopt date this document was signed.	otion:		· · ·	If Other than the
	<i>(</i>	1		
Effective date <u>if applicable</u> :	<u> </u>	1 20 2 2		
	(no more than 90 days o	after amendment file date)		
Note: If the date inserted in this block document's effective date on the Depa	does not meet the applicab rtment of State's records.	le statutory filing requireme	ents, this date will not	be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and th	e number of votes cast for t	he amendment(s)	

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 July 29, 2022 Signature Thisa Forcer	
Signature C	_
(By the chairman or 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)	
Tina Forcier	
(Typed or printed name of person signing)	
r.Eo	

(Title of person signing)