N21962

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	abitat for Humanity	/ 		
DOCUMENT NUMBER:			·	
The enclosed Articles of Amendment and fee are sub				
Please return all correspondence concerning this mat	ter to the following	:		
Sherri Duggins				
	(Name of Contact	Person)		
Charlotte County Habitat for Humanity				
	(Firm/ Comp	any)		
1750 Manzana Ave				
	(Address))		
Punta Gorda, FL 33950				
	(City/ State and Z	ip Code)		·
sherri@charlottecountyhfh.org				
E-mail address: (to be use	ed for future annual	report not	ification)
For further information concerning this matter, pleas	e call:			
Sherri Duggins		941 at		639-3162
(Name of Contact Person	n)		Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made a	payable to the Florid	da Departi	nent of !	State:
■ \$35 Filing Fee	~		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Ad Amendme Division of The Cent	ent Secti of Corpo	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Charlotte County Habitat for Humanity		general grant company
(Name of Corporation as currently filed with the Florida Dept.	of State)	Filed
N21962		0001.050
(Document Number of	Corporation (if known)	- 2024 SEP -4 AM 9: 33
Pursuant to the provisions of section 617,1006, Florida Statutes, thi amendment(s) to its Articles of Incorporation:	s Florida Not For Profit C	orportation adopts the fittil STATE IALLAHASSEE. FL
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation" "Company" or "Co." may not be used in the name.	or "incorporated" or the a	bbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the	name of the
new registered agent and/or the new registered office addre	ss:	
Name of New Registered Agent:		
	(Florida street (address)
New Registered Office Address:		
		Florida
10	ity)	(Zip Code)
N. D. Carlotta and Charles W. L. C. D. Carlotta	- 4 .	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	<u>11:</u> r with and accept the obliga	itions of the position.
	-1	
Signati	re of New Registered Agen	t, 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 V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) * Change Add	P	Elizabeth Lombardo	P.O. Box 510545 Punta Gorda, FL 33951
Remove			
2) Change Add	<u>V</u>	Frank Leontitsis	Punta Gorda, FL 33950
Remove Change Add Remove	<u>T</u>	Thomas Williamson	4678 Tamiami Trail, Unit 104 Port Charlotte, FL 33980
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: essary). (Be specific)	
			11.77

5/28/24	
The date of each amendment(s) adoption: 5/28/24 late this document was signed.	, if other than th
2/1/2024	
Effective date if applicable: (no more than 90 days after amendment fil	e date)
Note: If the date inserted in this block does not meet the applicable statutory filing re	
Sole: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	esquirements, and date will not be usied 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.

(CHECK ONE)

Adoption of Amendment(s)

are no members or members entitled to vote on the amendment(s). The amendment(s) was/were d by the board of directors.
8/21/24 Dated
Signature Michiel P-Motor
(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)
Michael P. Misnistield
(Typed or printed name of person signing)