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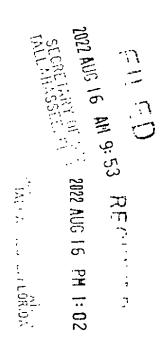
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COVER LETTER

TO: Amendment Section Division of Corporations

Hometown Housing Trust, Inc. NAME OF CORPORATION:		
N22000008730		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following	:	
Noreen A Fenner		
(Name of Contact	Person)	
PAC Financial Management		
(Firm/ Compa	any)	
1103 Hays Street		
(Address))	
Tallahassee, FL 32301		
(City/ State and Z	ip Code)	
noreen@pacfm.net		
E-mail address: (to be used for future annual	report notification	n)
For further information concerning this matter, please call:		
Noreen Fenner	850 at	212-0226
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florid	da Department of	State:
■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing F Certificate of Status Certified Copy (Additional copenclosed)	Certi by is Certi (Add	60 Filing Fee ficate of Status fied Copy itional Copy is osed)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation

Article	s of Incorporation	
	of	12, 11
Hometown Housing Trust, Inc.		
Name of Corporation as currently filed with the Florida l	Dept. of State)	4750 6
N22000008730		The state of the s
(Document Numb	er of Corporation (if known)	ARAUG 16 AN 2.5
Pursuant to the provisions of section 617.1006, Florida Statut- amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the corporat	tion:	
		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the	abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	501 South Flagler Drive	
Principal office address <u>MUST BE A STREET ADDRESS</u>) Suite 220	
	West Palm Beach, FL 33401	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	501 South Flagler Drive	
	Suite 220	
	West Palm Beach, FL 33401	
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a		he name of the
	idai caa.	
Name of New Registered Agent:		
New Registered Office Address:	(Florida stree	et address)
		, Florida
	(City)	(Zin Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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.

mine somes, r as nemore	, and Sany Smin,	S) us un nua.	
Example: X Change X Remove X Add	PT John De V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add			
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	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	

		
		<u> </u>
-		
The date of each amendment(s) adop date this document was signed.	otion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirement of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopwas/were sufficient for approval.	pted by the members and the number of votes cast for the	e 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 8/15/2022				
	Signature (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)				
	Jack Weir				
	(Typed or printed name of person signing)				
	President				

(Title of person signing)