N23000001696

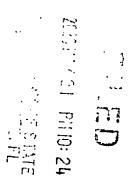
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COVER LETTER

TO: Amendment Section Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

| Open I NAME OF CORPORATION: | Homes Regeneration, Inc. | |
|---|--|--|
| N23000001 | | |
| DOCUMENT NUMBER: | | |
| The enclosed Articles of Amendment a | nd fee are submitted for filing. | |
| Please return all correspondence concer | ming this matter to the followin | g: |
| Charles Camorata | | |
| | (Name of Contact | ct Person) |
| Open Homes Regeneration, Inc. | | |
| | (Firm/ Com | pany) |
| P.O. Box 677684 | | |
| · | (Addres | s) |
| Orlando, Fl. 32867 | | |
| | (City/ State and | Zip Code) |
| ohregen@gmail.com | | |
| E-mail addre | ess: (to be used for future annua | report notification) |
| For further information concerning this | matter, please call: | |
| Charles Camorata | | (407) 529-8157 _ at |
| (Name of C | Contact Person) | (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following a | mount made payable to the Flor | rida Department of State: |
| | Filing Fee & \$\textstyle \\$43.75 \text{ Filing} \\ \text{certified Copy} \\ (Additional copy) \\ \text{enclosed} | y Certificate of Status |
| Mailing Address | | Street Address |

Amendment Section
Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

| Open Homes Regeneration, Inc. | | | |
|---|---------------------------|--------------------------|---|
| Name of Corporation as currently filed with the Florida | Dept. of State) | | |
| N23000001696 | | | |
| (Document Numb | er of Corporation | (if known) | |
| Pursuant to the provisions of section 617,1006. Florida Statut amendment(s) to its Articles of Incorporation: | es, this <i>Florida N</i> | ot For Profit Corporati | on adopts the following |
| A. If amending name, enter the new name of the corporal | tion: | | 77 |
| name must be distinguishable and contain the word "corpora "Company" or "Co," may not be used in the name. | tion" or "incorpe | rated" or the abbreviat | The new ion "Corp," or "Inc," |
| B. Enter new principal office address, if applicable: | N/A | | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> |) | | |
| | _ | - | |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | N/A | | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| | | | 5 NE 24 |
| D. If amending the registered agent and/or registered offi new registered agent and/or the new registered office: | | rida, enter the name o | <u>f the</u> |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | (Florida street address) | · · · · · · · · · · · · · · · · · · · |
| | | , Flo | orida . |
| | (City) | (| Zip Codes |
| New Registered Agent's Signature, if changing Registered liberary accept the appointment as registered agent. I am fa | | cept the obligations of | the position |
| | ignature of New R | egistered Agent, if chan | nging |

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 Do V Mike Jo SV Sally Sr | <u>mes</u> | |
|-----------------------------------|--|-----------------------------|--|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) X Change Add | <u>D</u> | Keith Wilson | 114 N. Highland Ave. Winter Garden, Fl. 34787 |
| Remove 2) X Change Add | D | Joseph Sciandra | 538 Dawson Ave. St. Petersburg, Fl. 33703 |
| Remove 3) X Change Add Remove | <u>ST</u> | Charles A Camorata | 1831 Central Park Ave. Orlando, Fl. 32807 |
| 4) Change Add | | | |
| Remove 5)ChangeAdd | | | |
| Remove 6)ChangeAdd | | | |
| Remove | e additional Arti | cles, enter change(s) here: | |
| (attach additional shee | | | |
| DIA | | | |
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| The date of each amendment(s) adoption: March 17, 2023 date this document was signed. | , if other than the |
| Effective date if applicable: March 18, 2023 | <u>-</u> |
| (no more than 90 days after amendment file date) | |
| <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records. | t be listed as the |
| 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.

| There are no men adopted by the bo | abers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors. |
|------------------------------------|--|
| Dated | March 20, 2023 |
| 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) |
| | Charles A Camorata |
| | (Typed or printed name of person signing) |
| | Secretary/Treasurer |

(Title of person signing)