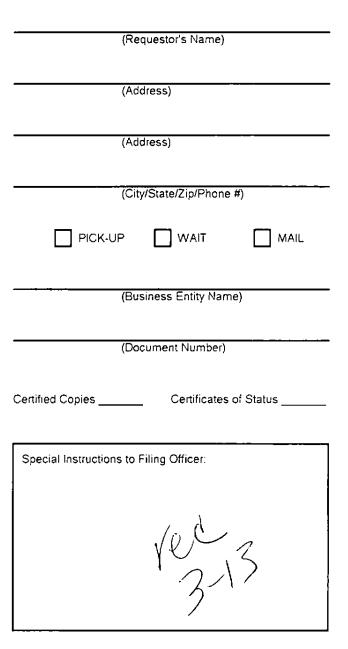
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Feels Like Home Construction:	ommunity Foundation	i, Inc	
N23000002835 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	ter to the following:		
Brandi Williamson			
	(Name of Contact P	erson)	
	(Firm/ Compan	y)	
3225 McLeod Dr. Ste 100			
	(Address)		
Las Vegas, NV 89121			
	(City/ State and Zip	Code)	
ra@andersonadvisors.com			
E-mail address: (to be use	d for future annual re	port notificatio	n)
For further information concerning this matter, pleas	e call:		
Brandi Williamson	;a1	800	806-4741
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section	A	reet Address nendment Sect	
Division of Corporations	D	vision of Corp	orations

The Centre of Tallahassee

Tallahassee, Ft. 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

Feels Like Home Community Foundation, Inc		
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
N23000002835		
(Document	Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not I	For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	rporation:	
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name.	orporation" or "incorporat	The new ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)		
		2025
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON	<u> </u>	
		्ता :: ::
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		
Name of New Registered Agent:		
New Registered Office Address:		(Florida street address)
		, Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. I		pt the obligations of the position.
	Signature of New Regi	istered 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 De V Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	D	Olha Savyna .	11901 Newgate Ave Port Charlotte, FL 33981
* Remove			
2) Change Add	<u>D</u>	Nathan Galynsky	Port Charlotte, Fl. 33981
Remove 3) Remove			
4) Change Add	-		
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	· -·

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-		
		·
		
	<u>,</u>	
<u></u>		
		٠
The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:		
(11	o more than 90 days after amendment file dates	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be of State's records.	e listed as the
Adoption of Amendment(s) (9	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

idopted by the bo	pard of directors.
Dated	01/09/2024
Signature	. a. Hal
ū	(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)
	Anna Esther Galynsky
	(Typed or printed name of person signing)
	President
	(Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were