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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

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NAME OF CORPORATION:	lousing Project Inc.		
DOCUMENT NUMBER: N 24000	28000	là	
The enclosed Articles of Amendment and fee are sub-	nitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Tiffany Kiernan			
	(Name of Contact Pers	on)	
The Empowerment Housing Project Inc.			
	(Firm/ Company)		
P.O BOX 81			
	(Address)		
Clearwater, FL 33757			
	(City/ State and Zip Co	dc)	
tiffany@empowermenthousingproject.org			
E-mail address: (to be used	for future annual repor	t notificatio	n)
For further information concerning this matter, please	call:		
Tiffany Kiernan	72 at	27	482-6017
(Name of Contact Person)		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Dep	partment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & [Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amen Divisi	Address dment Section of Corpo Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

The Empowerment Housing Project Inc.		
(Name of Corporation as currently filed with the Florida	Dept. of State)	
(Document Nun	nber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Stati amendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
name must be distinguishable and contain the word "corport" (Company or "Co." may not be used in the name.	ration" or "incorporated" or the	The new abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRES</u>	(\underline{S})	27.
	 -	<u> </u>
C. Fatan and malling address if applicables		<i>.</i> // ∞
C. Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	P.O BOX 81	···
	Clearwater, Florida 33757	12:
		<u> </u>
		<u></u>
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent:		ne name of the
	(Florida stree	ri address)
New Registered Office Address:		
	· ·	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am		zations of the position.
	Signature of New Registered Age	ent, 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; CE() = 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: XChange X Remove X Add	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	D	Robert Arriaga	P.O Box 81 Clearwater Fl 33757
x Remove			
2) Change Add	D	Donald Kiernan	P.O Box 81 Clearwater Fl 33757
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			<u> </u>
Remove			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: essary). (Be specific)	
Currently, Robert Arriaga	is listed	as a Director (D)	
There has been a change.	Robert A	Arriaga has left the coorporation, and is no longer on	<u> </u>
Donald Ki	<u>er Na</u>	n has been added to	the Brand of directors (D)
Robert Arriaga is remove	d from th	ne Board as a Director (D) Removed	
Donald Kiernan is added	to the Bo	oard of Directors as a Director (D) Added	 _

) la	
The date of each amendment(s) adoption: Ottober 4th 2024 if other tha	
The date of each amendment(s) adoption: Utober 1/2024 if other that	n the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	_
Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the	<u> </u>
Effective date if applicable: (no more than 90 days after amendment file date)	е
Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	е
Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the	e
Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE)	e
Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	ie.

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

Signature

(By the chairman of 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)

(Typed or printed name of person signing)

(Title of person signing)