N33127

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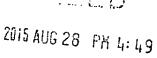
TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Habitat for Humanity of Lake-Sumter, Florida, Inc.				
DOCUMENT NUMBER: N33127				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Kent Adcock				
(Name of Contact Person)				
Habitat for Humanity of lake-Sumter, Florida, Inc. (Firm/Company)				
(Firm/ Company)				
900 main St., Ste 210				
(Address)				
The Villages, K 32159				
The Villages, K 32159 (City/State and Zip Code)				
Kent @ habitatis. 0/0 E-mail address: (tobe used for future annual report notification)				
For further information concerning this matter, please call:				
Laura Sokolowski at (351) 483-0484 × 134 (Name of Contact Person) (Area Code) (Daytime Telephone Number)				
(Name of Contact Person) (Area Code) (Daytime Telephone Number)				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee				
Mailing Address Street Address				

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



Habitat for Humanity of (Name of Corporation as curre	Lake-Sum	ter, Flonda The
(Name of Corporation as curre	ently filed with the	Florida Dept. of State
N33127		
(Document Nur	nber of Corporation	(if known)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this <i>Florida Ne</i>	ot For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:	
NIA		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorpo	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRES</u>	\underline{S})	
		-
	····	
C. Enter new mailing address if applicables		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
D. If amending the registered agent and/or registered of	fine address in Flo	ride anter the name of the
new registered agent and/or the new registered office		itua, enter the name of the
Name of New Registered Agent:	NIA	
Name of New Registered Agent.		
		(Florida sireei address)
New Registered Office Address:		[rioriau sireei aaaress)
		PL 11.
	(City)	, Florida (Zip Code)
		/- L /
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j		ecent the obligations of the position
i nervey accept me appointment as registered agent. I am j	ammu win und di	seeps the congutions of the position.
	NA	
		Registered 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		Doe 2 Jones 2 Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1)	D (past plesider	Felix Ramirez	900 Main St. Ste 210 The Villages, FL 32159
2) Change Add Remove	Most brezigen	Timothy Hawkins	
3) Change Add Remove	<u>T</u>	John Harrison	
4) Change Add Remove	T	misty clements	900 Main St. Ste 210 The Villages, FL 32159
5) Change Add Remove	<u>S</u> _	Linda Bernett	
6) Change Add Remove	_\$	William Farmer	900 Main St. Ste 210 The Villages, Ph. 32159
		5 6 6 6	/

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.

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Example: X Change X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	<u>P</u> b	Lee Owen	900 Main St. Ste 210 The Villages, Fe 33159
2) Change Add Remove	7	Sanford Zelnick	
3) Change Add Remove	7	John mare	900 Main St. Ste 210 The Villages, Pe 32159
4) Change Add Remove	<u>D</u>	Rick miller	900 Main St. Ste 210 The Villages, Fr. 32159
5) Change Add Remove	7_	Kathy Yarbnugh	
6) Change	<u>D</u> _	Bill Neron	900 Main St
Remove		Page 2 of A	The Villages, PL 3459

E. <u>If amending or</u>	adding additional Aral sheets, if necessary).	ticles, enter chai	nge(s) here:			
(attach addition	al sheets, if necessary). •	(Be specific)				
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	date of each amen this document was		on:	, if other than th
	ctive date <u>if applic</u>		8/20/15	
			(no more than 90 days after amendment file	
			oes not meet the applicable statutory filing requent of State's records.	uirements, this date will not be listed as the
Ado	ption of Amendme	nt(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient		ed by the members and the number of votes cas	et for the amendment(s)
X	There are no membadopted by the boa		entitled to vote on the amendment(s). The ame	endment(s) was/were
	Dated	8/24/1	<u> </u>	
	Signature	K	ut askal	
		have not been so	or vice chairman of the board, president or off- lected, by an incorporator – if in the hands of a inted fiduciary by that fiduciary)	
		_ Kent	Adeak	
			(Typed or printed name of person si	gning)
		LED		
			(Title of person signing)	