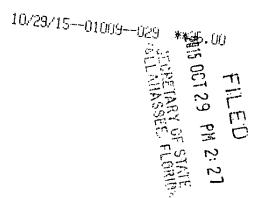
N42923

(Re	equestor's Name)	··	
(Ad	dress)		
(Ad	dress)	· 	
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
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Special Instructions to	Filing Officer:		
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION	Goldenrule Housing	& Community Dev	relopment Corp	Inc	
DOCUMENT NUMBER.	N42923				
DOCUMENT NUMBER: _					
The enclosed Articles of Am	endment and fee are subn	nitted for filing.			
Please return all corresponde	nce concerning this matte	r to the following:			
Cynthia Hamilton-Smith					
		(Name of Contact	Person)		
Goldenrule Housing & Com	munity Development Cor	p Inc			
<u></u>		(Firm/ Compa	ny)		
417 E. 2nd Street					
		(Address)			
Sanford, FL 32771		, ,			<u>e</u>
		(City/ State and Zip	Code)		
cynthia.goldenrule@gmail.c	om				ATA ATA ATA
E	-mail address: (to be used	for future annual re	eport notification	1)	SET OF THE
For further information conce	erning this matter, please of	call:			PH 2: 27 SEES FLOWING
Cynthia Hamilton-Smith		s	407	878-3759	3語 21
	(Name of Contact Person)		(Area Code)	(Daytime Telep	hone Number)
Enclosed is a check for the fo	ollowing amount made pay	yable to the Florida	Department of	State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	Certifis Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing A Amendmer Division of P.O. Box 6	nt Section F Corporations	Ā D	treet Address mendment Secti livision of Corpo lifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

rrently filed with the Flori	ida Dept. of State)
	——————————————————————————————————————
lumber of Corporation (if kn	nown)
tatutes, this Florida Not For	Profit Corporation adopts the following
oration:	
	The new
voration" or "incorporated	" or the abbreviation "Corp." or "Inc."
ESS)	- B
	
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	The state of the s
	<u> </u>
	7.7
office address in Florida.	enter the name of the
ice address:	
(Flo	rida street address)
	. Florida
(City)	(Zip Code)
ered Agent:	
ered Agent:	(Zip Code)
	oration: oration: oration: office address in Florida, ice address:

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 D V Mike J SV Sally S	<u>fones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	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			

If amending or adding additional Articles, enter cl (attach additional sheets, if necessary). (Be specific	hange(s) here: c)		
No part of the net earnings, or properties of this corporation, on dissolution or otherwise, shall inure to the benefit of,			
be distributable to, its members, directors, officers or	other private person or individual		
cept that the corporation shall be authorized and empo	owered to pay reasonable compensation for services rendered.		
	719487		

	date of each amendment(s) adopthis document was signed.	otion:	_, if other than the
Effe	ctive date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	If the date inserted in this block ment's effective date on the Depa	does not meet the applicable statutory filing requirements, this date will not rement of State's records.	be listed as the
Ado	ption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adop was/were sufficient for approval.	oted by the members and the number of votes cast for the amendment(s)	
	There are no members or members adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment(s) was/were.	
	Dated 10/21	15	
	Signature Hule	(SWa)	_
	have not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
	Julia Lewi	S	
		(Typed or printed name of person signing)	
	President		
		(Title of person signing)	