N9500001344

(Re	questor's Name)	
(Ad	dress)	
. (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Nan	ne)
(Do	cument Number)	•
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

TO: Amendment Section • Division of Corporations

Tallahassee, FL 32314

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264	1 Care		
NAME OF CORPO		mmunity Developm	ent Coep.
DOCUMENT NUM	1BER: N9500	0001344	
The enclosed Article	es of Amendment and fee are	submitted for filing.	
Please return all cor	respondence concerning this	matter to the following:	
_	Michelina	DUCING me of Contact Person	
_		Firm/ Company	
_	17781 SW	113th ave	
	Miami, Flor	PIDO 3315-	1
M	E-mail address: (to be used	for future annual report notification)	
For further informat	ion concerning this matter, p	lease call:	
Micheline Name o	Ducena f Contact Person	at (<u>786</u>) <u>375</u> Area Code & Daytime Tele	ephone Number
Enclosed is a check	for the following amount ma	de payable to the Florida Depart	ment of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment Division of C P.O. Box 632	Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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H.O.W. Community (Name of Corporation as cur	Development Coerestly filed with the Florida Dept. of	OSECREJARY OF YIAIR State)
N9500000134	A1 X	
	imber of Corporation (if known)	
Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of		r Profit Corporation adopts
A. If amending name, enter the new name	of the corporation:	
Hattan Deanization Fo The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"		
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE		
C. Enter new mailing address, if applicabl (Mailing address MAY BE A POST OFF		
D. If amending the registered agent and/or new registered agent and/or the new reg		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registere position.		cept the obligations of the
	Signature of New Registered Agent, if c	<u> </u>

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)

<u>Title</u>	Name	Address	Type of Action
<u>T</u>	Colbert Guerrier	17781 SW 113th ave Miami, FL 33157	Add Remove
VP_	Alain Ayoub	238 NE 1st ave miami, FL. 33132	✓ Add ☐ Remove
5	Sabema Sanchez	PO BOX 172402 MIGMI, FL.	Add ☐ Remove
	ing or adding additional Articles, enter o		
(attach ad	ditional sheets, if necessary). (Be specifi	'c)	
		•	

The date of each amendment(s	
Effective date <u>if applicable</u> : _	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for appro	e adopted by the members and the number of votes cast for the amendment(s) oval.
There are no members or me adopted by the board of direct	embers entitled to vote on the amendment(s). The amendment(s) was/were ctors.
Dated	2/14/10
have	he chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	President (Title of person signing)