14240000001241

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Customer Advised
to cho New Mark
to che New Mark to: Catalyst Community capital Inc. 44/18

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Amend Chy Jame Chy

> DEC 0 5 2018 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Flome Ownership Re	source Center of Lee C	County, Inc.	
N DOCUMENT NUMBER:	99000004241			
The enclosed <i>Articles of Ame</i>				
Please return all corresponden	ce concerning this matter	r to the following:		
Jared Wendel				
	1	(Name of Contact Pers	on)	
Catalyst Impact Capital, Inc.				
		(Firm/ Company)		
936 S. Howard Ave, Suite 201	2			
		(Address)		
Tampa, FL 33606				
		City/ State and Zip Co	de)	
jwendel@catalysted.com				
E-n	nail address: (to be used	for future annual repor	t notification	n)
For further information concer	ming this matter, please o	call:		
Jared Wendel		at	74	261-0575
(1)	same of Contact Person)	at	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fol	lowing amount made pay	rable to the Florida De	partment of	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & 1 Certificate of Status		Certif Certif (Addi	0 Filing Fee leate of Status led Copy tional Copy is osed)
Mailing Address Amendment Section		Street Address Amendment Section		
	Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, F1, 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	as curren	tly filed with the Florie	da Dept. of State)
N'99000004241			
(Docur	nent Numb	er of Corporation (if kno	own)
ursuant to the provisions of section 617,1006, Flo mendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida Not For</i>	Profit Corporation adopts the following
. If amending name, enter the new name of the	e corporati	ion:	
CATALYST COMMUNITY CAPITAL INC.			The new
ame must be distinguishable and contain the word Company" or "Co," may not be used in the nam		tion" or "incorporated"	" or the abbreviation "Corp," or "Inc,"
Enter new principal office address, if applica	ble	936 S. Howard Ave.	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		Suite 202	200
		Tampa, FL 33606	6
(Mailing address <u>MAY BE A POST OF FICE BOX</u>)		936 S. Howard Ave.	26
		Suite 202	
		Tampa, FL 33606	
D. If amending the registered agent and/or reginew registered agent and/or the new register			enter the name of the
Name of New Registered Agent: Jared Wen		ndel	
	936 S. He	oward Ave., Suite 202	
New Registered Office Address. Tampa		(Florida street address)	
			, Florida
		(City)	(Zip Code)
lew Registered Agent's Signature, if changing I hereby accept the appointment as registered ager			he obligations of the position.
_		Jan Hude	l
-		Jud Lude Ignature of New Registe	red 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 A Add	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PD	Joseph Bonora	936 S. Howard Ave.
$\frac{X}{X}$ Add			Suite 202
Remove			Tampa, FL 33606
2) Change	CFO	Jared Wendel	936 S. Howard Ave.
X Add			Suite 202
Remove			Tampa, FL 33606
3) X Change	D	James Maginess	2915 Colonial Blvd.
Add			Suite 200
Remove			Fort Myers, FL 33966
4) X Change	D	Michael Roeder	2915 Colonial Blvd.
Add			Suite 200
Remove			Fort Myers, FL 33966
5) Change	V	Raymond Davis	2915 Colonial Blvd.
Add			Suite 200
X Remove			Fort Myers, FL 33966
6) Change	Т	Cindy Cedena	2915 Colonial Blvd.
Add			Suite 200
X Remove			Fort Myers, FL 33966
Kenrove		Page 2 of 4	

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(Attach additional sheets, if necessary)

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Example: X Change X Remove X Add	PT John I V Mike SV Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	1)	Barnes, Charles	2915 Colonial Blvd.
Add			Suite 200
Remove			Fort Myers, FL 33966
2) Change	D	Butler, Garey, Esq.	2915 Colonial Blvd.
Add			Suite 200
X Remove			Fort Myers, FL 33966
3) Change	D	Ware, Geraldine	2915 Colonial Blvd.
Add			Suite 200
X Remove			Fort Myers, FL 33966
4) Change	D	Collins, Christin	936 S. Howard Ave.
XAdd			Suite 202
Remove			Tampa, FL 33606
5) Change	D	Talmage, John	936 S. Howard Ave.
X Add			Suite 202
Remove			Tampa, F1, 33606
6) Change	D	Brunett, Dana	936 S. Howard Ave.
X Add			Suite 202
Remove			Tampa, F1, 33606

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:

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Example: X Change X Remove X Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
E) Change	D	Freund, Richard	936 S. Howard Ave.
X Add			Suite 202
Remove			Tampa, F1, 33606
2) Change			
Add Remove			
3) Change			
Add Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			Name of the Control o
6) Change			
Add			
Remove			

If amending or adding add (attach additional sheets, if	necessary). (Be sp	pecific)			
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the number of votes e was/were sufficient for approval.	ast for the amendment(s)
There are no members or members entitled to vote on the amendment(s). The are adopted by the board of directors.	nendment(s) was/were
Dated 11 19	
Signature	di or ier
have not been selected, by an inclumorator – if in the hands of	
other court appointed fiduciary by that fiduciary)	
lesceph Donoce	
(Typed or printed name of person	signing)
President 1 Cco	
(Title of person signin	g)