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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Clory Homes. The Document number: P00000065639
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Glory Humps. Inc Firm/Company 7027 Alpine St. Address. Jackson U. 11 & FC 32208 City/ State and Zip Code Glory hompsinc 2000 Damail. Com Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Clovia De Vall at 904 449-4340 Name of Contact Person at Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTatlahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

Colon Homes	T_{n}			
(Name of Corporation as currently	filed with the Florida Dept. of State	.)		
P000000 65439	-			
(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the	following	g amend	ment(s) to
A. If amending name, enter the new name of the corporation:	(
ν	1/a		The	0141
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "I	lo". A professional corporation nam	r the al e must o	bhrevian contain	ion the
B. Enter new principal office address, if applicable:			a_ 	_
(Principal office address <u>MUST BE A STREET ADDRESS</u>)				_
			122	· · ·
		- ; .	- 55	- ; -
C. Enter new mailing address, if applicable:			• •)
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	- 12	- 53	_
	·		·	
		7.*	-	
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ess in Florida, enter the name of the			-
Name of New Registered Agent				
	· · · · · · · · · · · · · · · · · · ·			
(Florida stree	et address)			
New Registered Office Address:	. Florida			
	City)	(Zip C	Code)	_
New Registered Agent's Signature, if changing Registered Agent:				
hereby accept the appointment as registered agent -1 am familiar wi	th and accept the obligations of the po	sition		
Signature of New Re-	gistered 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 Doc 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	<u>РТ</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<i>_</i>	Address A
l)Change	$\overline{\mathcal{D}}$	Brudley	Gamlin	2102 Buckingham Richmond, VA 23228
X Add				RICHMOND, UA
Remove				<u> </u>
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change			·	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/4)	If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
provisions for implementing the amendment if not contained in the amendment itself:	•	• •
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(ij noi applicante, indicate N/A)		idment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	
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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 file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 2000 10 517	
Signature Signature	
(By a difector president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Gloria F. De Vall	
(Typed or printed name of person signing)	
orpsident	

(Title of person signing)