P5000041529

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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JUN 2 4 2016 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: SNJ Housing Ca	apital Group Inc				
DOCUMENT NUMBER: P15000041529						
The enclosed Articles of	**Amendment and fee are sul	bmitted for filing.				
Please return all correspondence	ondence concerning this mat	ter to the following:				
	Johnny Joseph					
	Name of Contact Person					
t	Firm/ Company					
	13945 NE 9th Avenue					
	Address					
	North Miami, Florida 33161					
	City/ State and Zip Code					
	Clasikj@gmail.com					
	E-mail address: (to be us	ed for future annual	report notif	ication)		
For further information	concerning this matter, pleas	e call:				
JOHNNY JOSEPH		at (786)	506-4762		
Name of	Contact Person	A	rea Code &	Daytime Telephone Number		
Enclosed is a check for t	the following amount made p	payable to the Florid	la Departme	nt of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing For Certified Copy (Additional copy enclosed)	y is (\$52.50 Filing Fee Certificate of Status Certified Copy Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building		Section Corporations		

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2016 JUN 21 PM 2: 20

SNJ HOUSING CAPITAL GROUP INC

	f Corporation as curren	tly filed with the Florida Dept. of State)
P15000041529-		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1 ts Articles of Incorporation:	006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
SNJ CAPITAL MANAGEMENT INC		The new
	ition "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, i	f annlicable:	1680 MICHIGAN AVENUE
Principal office address <u>MUST BE A ST</u>		SUITE 700
		MIAMI BEACH, FLORIDA 33139
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1680 MICHIGAN AVENUE
		SUITE 700
		MIAMI BEACH, FLORIDA 33139
D. If amending the registered agent and new registered agent and/or the new		
	N/A	
Name of New Revistered Agent		
Name of New Registered Agent	N/A	
Name of New Registered Agent		street address)
Name of New Registered Agent New Registered Office Address:		street address) , Florida N/A

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	Y	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
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 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/A)	Iding additional Articles, enter change(s) here: sheets, if necessary). (Be specific)	
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/A)		
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	nplementing the amendment if not contained in the amendment itself:	
Α	able, indicate N/A)	
		•
	WHAT	

The date of each amendment(s) adop	JUNE 6, 2016	FILE GECRETARY	OF STAIL they then the
date this document was signed.)(10th:	IVISION OF CO	OF STATE than the
Effective date <u>if applicable</u> :	(no more than 90 days a,	2016 JUN 21	PM 2: 20
	(no more man 90 days a)	ter amenament file date)	
Note: If the date inserted in this bloc document's effective date on the Depart		utory filing requirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adopted by the shareholders was/were suffice.		of votes cast for the amendment(s)	
☐ The amendment(s) was/were appromust be separately provided for ea	ved by the shareholders through voti ch voting group entitled to vote sept		
"The number of votes cast for	the amendment(s) was/were sufficient	ent for approval	
by	(voting group)	.,,	
	(voling group)		
The amendment(s) was/were adopte action was not required.	ed by the board of directors without	shareholder action and shareholder	
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators without share	eholder action and shareholder	
JUNE 6, 20 Dated	16		
Signature	Johnny Joseph		
(By a dice selected. l	ctor, president of other officer – if d	irectors or officers have not been of a receiver, trustee, or other court	
	fiduciary by that fiduciary)		
	JOHNNY JOSEPH		
_	(Typed or printed name of	person signing)	
	DIRECTOR		
_	(Title of person	ı signing)	