PISOOBISUIT

(Re	equestor's Name)	
Ad)	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
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2018 AUG 27 AH II: 3; SECRETARY OF STATE

R. WHITE AUG 3 0 2018

COVER LETTER

TO: Amendment Section Division of Corporations Sustainable Housing and Workforce Development Corpor The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sustainable Housing and Workforce Development Corporation 4000 Hollywood Boulevard Svite 555-5 For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ₩\$52.50 Filing Fee □ \$35 Filing Fee **□\$**43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

is enclosed)

Articles of Amendment

to Articles of Incorporation

FILED

2018 AUG 27 AM 11: 32

	of	. 1	2018 AUG 27 AI	M11: 32
Sustainable Housing	and Works	orce De	USESBETERNYDE	Exisporation
(Name of Corp	oration as currently	filed with the F	lorida Dopt. of State	E.FL
6	P1900005	15617		•
(I	Document Number of C	Corporation (if k	nown)	
Pursuant to the provisions of section 607,1006, F ts Articles of Incorporation:	lorida Statutes, this Fi	lorida Profit Coi	rporation adopts the f	ollowing amendment(s) t
A. If amending name, enter the new name of the	the corporation:			
	· · · - · ·		<u> </u>	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	'Corp," "Inc," or "C	o". A professio	nal corporation nam	e must contain the
B. Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u>				
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFIC</u>	<u>E BOX</u>)			
D. If amending the registered agent and/or re	gistered office addre	ss in Florida, en	iter the name of the	
new registered agent and/or the new regist				
Name of New Registered Agent				
_ <u></u>	(Florida stree	et address)		
New Registered Office Address:			, Florida_	
	((Tity)		(Zip Code)
Non Desirance Annalys Cinnature if shorein	u Donistand Agents			
New Registered Agent's Signature, if changing hereby accept the appointment as registered ag		th and accept the	e obligations of the po	osition.
	Signature of New Re-	gistered Agent in	f changing	
	Signature of New Reg	gistered Agent, ij	f 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 <math>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	PT John Doe	
X Remove	V <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	Address
1) Change	T Jonathan Diuz	4000 Hollywood Blad
Add		suite 555-3
Remove		Hollywood FL 33021
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

tacii aaaitional	heets, if necessary).	(Be specific)	
		App.	
			
		1 //	
· · · · · · · · · · · · · · · · · · ·			
an amendment	provides for an exchai	nge, reclassification, or cancellation of issued shares,	
rovisions for in if not applic	plementing the amendable, indicate N/A)	dment if not contained in the amendment itself:	
(9	, ,		
			
		NA	
		\smile \mid \mid \mid	
,			

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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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)	
(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.	
Signature (By a director, 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)	
Mitchoun Alusma (Typed or printed name of person signing)	
Vice President	
(Title of person signing)	