P18000097245

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: AMERICAN FINA	ANCIAL SERVICES G	ROUP INC		
DOCUMENT NUM	BER: P18000097245				
The enclosed Article.	s of Amendment and fee are su	ibmitted for filing.			
Please return all corre	espondence concerning this ma	atter to the following:			
	SHARON MASCIARELLI				
		Name of Contact Per	rson		
	AMERICAN FINANCIAL SERVICES GROUP INC.				
	Firm/ Company				
	190 WOODBINE WAY, UN	IIT 109			
	Address				
	PALM BEACH GARDENS, FL 33418				
		City/ State and Zip C	Code		
	PATHWAYSPBC@GMAIL	.СОМ			
	E-mail address: (to be us	sed for future annual rep	ort notification)		
For further information	on concerning this matter, pleas) 400-7311		
Name	of Contact Person	at (Code & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida D	repartment of State:		
☐ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status		
Am Div P.O	endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amo Divi The 241	et Address endment Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303		

Articles of Amendment to Articles of Incorporation of

FILED

AMERICAN FINANCIAL SERVICES GROOF,	2021 JAN 29 PM 2: 20
(Name of Corpo	retion as engrantly filed with the Florida Dont of Status 6.1 //
P18000097245	SECRETARY OF STATE Document Number of Corporation (if known)
(D)	ocument Number of Corporation (if known)
(1)8	ocument (Number of Corporation (If known)
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	ne corporation:
PATHWAYS TRANSITIONAL HOUSING INC.	The new
name must he distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," ", "chartered," "professional association," or the a	d "corporation," "company," or "incorporated" or the abbreviation "Corp.," Inc," or "Co". A professional corporation name must contain the word hbreviation "P.A."
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET).	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)
D. If amending the registered agent and/or reg new registered agent and/or the new registe	istered office address in Florida, enter the name of the red office address:
Name of New Registered Agent	
	(Florida street address)
	(r wriau street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: nt. I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	VP	THOMAS MASCIARELLI	190 WOODBINE WAY, #109
X Add		 -	PALM BEACH GARDENS, FL
Remove			33418
2) Change	VP	SHARON MASCIARELLI	
Add			
X Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	, if necessary). (Be	specific)		
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f an amendment provic	ies for an exchange,	reclassification, or can	cellation of issued shares,	
<u>provisions for impleme</u>	enting the amendmen	reclassification, or can nt if not contained in th	e amendment itself:	
f an amendment provic provisions for impleme (if not applicable, in	enting the amendmen	reclassification, or can nt if not contained in th	e amendment itself:	
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<u>provisions for impleme</u>	enting the amendmen	reclassification, or cannot if not contained in th	e amendment itself:	

..

The date of each amendment(s) a date this document was signed.	doption:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and s	hareholder
☐ The amendment(s) was/were adby the shareholders was/were si	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement 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)	
	(voung group)	
selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	-
щүгош	SHARON MASCIARELLI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	