P18000097245

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

SEP 2 8 2021 S. PRATHER

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: PAHWAYS Transitional Housing Inc. DOCUMENT NUMBER: P1800097245
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sharon Reitz Masciarelli Name of Contact Person Pathways Transitional Housing Inc. Firm/ Company 711 N. Military Tvl. Ste #205 Address Palm Beach Gardens, Ft. 33410 City/ State and Zip Code Dathways Dr. D. amail. Com E-mail address: (to be used for future angual report notification)
For further information concerning this matter, please call:
Sharon R. Musciarelli at (501) 400-7311 Name of Contact Person Area 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) Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

of

Pathways Transitional Hous	sing Inc.	<u> </u>
(Name of Corporation as currently f	iled with the Florida Dept. of State)	CRI S
P18000091345		
(Document Number of C		RY SEE
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the fol	Iowie amendum (s) to
A. If amending name, enter the new name of the corporation:		21 EA
NIA		The new
name must be distinguishable and contain the word "corporation," "cor". "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbro professional corporation name must c	eviation "Corp" contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N) A	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	
Name of New Registered Agent NA		
(Florida stree	ot address:	
(Ринш ме	a uuaress)	
New Registered Office Address:	City) . Florida_	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w		sition.
Signature of New Re	gistered Agent, if changing	

Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c). 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)

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 Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Thomas Masciarelli	
Add			
X Remove			
2) Change			
Add			
Remove 3) Remove			
Add			
Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damara			

	neets, if necessary). (Be specific)				
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an amendment p	rovides for an exchan	ige, reclassifica	tion, or cancellat	tion of issued sl	iares,	
rovisions for imp (if not applicat	olementing the amend ble, indicate N/A)	ment if not con	tained in the am	<u>endment itself:</u>		
				_		
	NIA					
			-			

The date of each amendment(s) adoption: august 26, 2021 date this document was signed.	_, if other than the
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 will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 cust for the amendment(s) was/were sufficient for approval	2021
by	F1 2021 SEP 1
Dated 9/10/21	It PM
Signature Mull Mulli Hold By a director, president or other officer – if directors or officers have not been	6: 21
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Sharon Mascarell (Typed or printed name of person signing)	
President	
(Title of person signing)	