## P9900032239

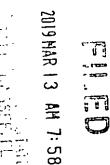
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## **COVER LETTER**

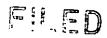
**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: COMMUNITY RESIDENTIALS	Inc			
NAME OF CORPORATION: COMMUNITY RESIDENTIALS. 15.12  DOCUMENT NUMBER: P91 0000 3 2239				
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				
Name of Contact Person				
Firm/ Company				
4501 E Columbu Drivi Address				
Address				
Tunpa FL 33605  City/ State and Zip Code				
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person at (\$13) 240-9195  Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Dayt	ime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
Certificate of Status Certified Copy Certif (Additional copy is Certified Copy) (Additional copy) (Add	0 Filing Fee Teate of Status Ted Copy tional Copy closed)			
Mailing AddressStreet AddressAmendment SectionAmendment SectDivision of CorporationsDivision of CorpoP.O. Box 6327Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



to

Community Responsibility Inc 2019 MAR 13 AM 7:58
(Name of Corporation as currently filed with the Florida Dept. of State)
P99000032239
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(sits Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address:, Florida,
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent.—I am familiar with and accept the obligations of the position.
Signature of New Registered 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 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: $\underline{X}$ Change	<u>PT</u>	John Do	<u>0c</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Title		Name	Address
1) Change		_		····
Add				
Remove				
2) Change				
Add				<u> </u>
Remove				
3 ) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change		_		
Add				
Remove				
6) Change	<del></del>	<del></del>		
Add				
Remove				

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
<del></del>	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
·	

	, if other than the
date this document was signed.	
Effective date if applicable:	14
(no n	ore than 90 days after amendment file date)
Note: If the date inserted in this block does not mee document's effective date on the Department of State's	the applicable statutory filing requirements, this date will not be listed as the records.
Adoption of Amendment(s) (CHECK (	<u>DNE</u> )
The amendment(s) was/were adopted by the shareholders was/were sufficient for approva	lders. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharel must be separately provided for each voting group	nolders through voting groups. The following statement entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment	s) was/were sufficient for approval
by	
(voting gro	up)
☐ The amendment(s) was/were adopted by the board of action was not required.	f directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporaction was not required.	rators without shareholder action and shareholder
Dated 3/11/19	<del></del>
Signature Augulary	other officer – if directors or officers have not been
(By a director, president of	other officer – if directors or officers have not been
selected, by an incorporate appointed fiduciary by tha	r – if in the hands of a receiver, trustee, or other court fiduciary)
O~.	and Dungs
(Typed	or printed name of person signing)
(Typed	w version organity
P	(Title of person signing)
	(Title of person signing)