721895

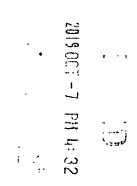
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R VICTOR

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Sweetwater Oaks F NAME OF CORPORATION:	Homeowners Associati	on, Inc.	
721895			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
Anthony (Tony) Violante			
	(Name of Contact Perso	n)	
Sweetwater Oaks Homeowners Association Inc.			
	(Firm/ Company)		
810 Fox Valley Drive			
	(Address)		
Longwood, Florida 32779			
	(City/ State and Zip Coo	ie)	
manager@sweetwateroaks.org			
E-mail address: (to be used	for future annual report	notification	<u>-</u>
For further information concerning this matter, please	call:		
Tony Violante	4(at	07	8625606
(Name of Contact Person		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Dep	artment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address		t Address	
Amendment Section Division of Corporations		dment Section of Corpo	
Director of Corporations		I.	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

Sweetenter a	iks Home Di	NOVEL RESOURCE TRANSPORTE
(Name of Corporation:	as currently filed with the l	-toriga Dept. of State)
721895		
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co," may not be used in the name	•	ated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicat	N/A	
(Principal office address MUST BE A STREET A)	DDRESS)	
	 -	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	3 <i>0X</i>) N/A	
D. If amending the registered agent and/or registered agent and/or the new registered.	tered office address in Flored office address:	ida, enter the name of the
	Anthony Violante	<u></u>
Name of New Registered Agent.	810 Fox Valley Drive	
		(Florida street address)
New Registered Office Address:		,
	Longwood	32779 . Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R	legistered Agent:	rept the obligations of the position.
I hereby accept the appointment as registered agen	i. I am jamiliar wiin and de	Legi me congunous of the position.
_	Signature of New R	egistered 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 = ChiefExecutive 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 X Remove X Add	PT John V Mike SV Sally	Doc Jones Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
	D	Teri Grimes	810 Fox Valley Drive
1) Change			Longwood, FI 32779
Add X Remove			
Remove			
2) Change	D	Mike Jirout	810 Fox Valley Drive
X Add			Longwood, FI 32779
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Add Remove			
Remove			
6) Change			
Add			
Remove		D 2-64	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
N/A					
	-				
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	N/A	, if other than the
The date of each amendment(s date this document was signed.	adoption:	, it office than the
	VA	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	·
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not Department of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.	
There are no members or madopted by the board of dis	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated	10/2/2019	
Signature	chairman or vice chairman of the board, president or other officer-if directors	_
have no	t been selected, by an incorporator – if in the hands of a receiver, trustee, or our appointed fiduciary by that fiduciary)	
	Anthoux Violante	
	(Typed or printed name of person signing)	
	(Title of person signing)	