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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Arbor Daks Property Owners ASSIN.	
DOCUMENT NUMBER: 771162	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Bobbi Rosenbloom	
(Name of Contact Person)	
Arbor Daks Property Owners Assn	
(Firm/ Company)	
6824 Arbor Oaks Circle	
(Address)	
Bradenton FL 34209-7430	
(City/ State and Zip Code)	
bobbi @joe and bobbi.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
B. Rosenbloom 941-254-7878	
(Name of Contact Person) at (Area Code) (Daytime Telephone Number)	
(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:	
\$35 Filing Fee Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)	
Mailing Address Street Address	

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

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

Articles of Amendment to Articles of Incorporation

FYLM

15 JUN 24 PH 1:45

Arbor Oaks Property Owners Assn. (Name of Corporation as currently filed with the Florida Dept. of State) LANASURE, (LOA)

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the con	poration: N/A The n
name must be distinguishable and contain the word "co	rporation" or "incorporated" or the abbreviation "Corp." or "Inc
"Company" or "Co." may not be used in the name.	
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADD	(ESS)
C. Enter now mailing address if applicables	
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	
new registered agent and/or the new registered of New Registered Agent:	N/A
wame of wew Registered Agem.	
New Registered Office Address:	(Florida street address)
	Placida
	, Florida
New Registered Agent's Signature, if changing Regi	tered Agent: am familiar with and accept the obligations of the position.
, , , , , , , , , , , , , , , , , , , ,	N/A
	Signature of New Registered Agent, if changing

P = President; V = Vice	director title by the President,(T=Tr = Chief Financia	al Officer. If an officer/director holds more th	rustee; C = Chairman or Clerk; CEO = Chief nan one title, list the first letter of each office
Changes should be note a change, Mike Jones le Mike Jones, V as Remo	eaves the corpora	tion, Sally Smith is named the V and S . These	PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X_Change X_Remove X_Add		<u>Doc</u> Jones Smith	
Type of Action (Check One)	Title	Name	Address
1) Change Add	D	Linda Bakonyi	6915 Arbor Oaks Ct Bradenton FL 34209
2) Change Add	TD	Susan Emery	6906 Arbor Oaks Ct Bradenton FL 34209
X Remove 3) Change	<u>D</u>	Willian Laney	6920 Arbor Oaks Gt Bradenton FL 34209
4) <u>K</u> Change Add Remove	TD	Bobbi Rosenbloon	m 6820 Arbor Oaks CII Bradenton FL 34209
5) Change Add Remove			
6) Change Add Remove			

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)

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
N/A	
	**
	
	

The date of each amendment(s) ac	option:, if c	ther 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 blod document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will not be list partment of State's records.	ed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac was/were sufficient for approve	lopted by the members and the number of votes cast for the amendment(s) il.	
Dated Signature By the chair have not been	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands by a receiver, trustee, or appointed fiduciary by that fiduciary)	. ,
	(Typed or printed name of person signing)	
	· · · · · · · · · · · · · · · · · · ·	
	(Title of person signing)	