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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

NOV 3 2015

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

Meta at Cape Harbour Community Association, Inc.

NAME OF CORPORATION: _____

N02000006457

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angel Withrow

(Name of Contact Person)

Fletcher & Fischer, P.L.

(Firm/ Company)

501 East Kennedy Blvd. Ste. 802

(Address)

Tampa, FL 33602

(City/ State and Zip Code)

awithrow@fletcherfischer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angel Withrow

813-898-2821

at

(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
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2015

ANGEL WITHROW
FLETCHER & FLETCHER, P.L.
501 EAST KENNEDY BVD., STE. 802
TAMPA, FL 33602

SUBJECT: META AT CAPE HARBOUR COMMUNITY ASSOCIATION, INC.
Ref. Number: N02000006457

We have received your document for META AT CAPE HARBOUR COMMUNITY ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 015A00019536

Articles of Amendment
to
Articles of Incorporation
of

Meta At Cape Harbour Community Association, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N02000006457

(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 corporation:

_____ *The new name must be distinguishable and contain the word "corporation" 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:
*(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: Fletcher & Fischer, P.L.

501 East Kennedy Blvd. Ste. 802

(Florida street address)

New Registered Office Address:

Tampa, Florida 33602

(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

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VTD</u>	<u>Will Stout</u>	<u>5789 Cape Harbour Drive</u> <u>Cape Coral, FL 33914</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PD</u>	<u>Dennis Bessey</u>	<u>5789 Cape Harbour Drive</u> <u>Cape Coral, FL 33914</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>STD</u>	<u>Jane Kirkman</u>	<u>5789 Cape Harbour Drive</u> <u>Cape Coral, FL 33914</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DP</u>	<u>Alan Gearing</u>	<u>8117 Preston Rd., Ste. 450</u> <u>Dallas, TX 75225</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DV</u>	<u>Max Cohen</u>	<u>8117 Preston Rd., Ste. 450</u> <u>Dallas, TX 75225</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DST</u>	<u>Bac Nguyen</u>	<u>8117 Preston Rd., Ste. 450</u> <u>Dallas, TX 75225</u>

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

(This area is intentionally left blank for providing amendments or additional articles. It consists of 21 horizontal lines for text entry.)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

6/8/15

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 not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 9/10/15

Signature *[Handwritten Signature]*

(By a director, president or other officer -- if directors or officers have not been selected, by an incorporator -- if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Max Cohen

(Typed or printed name of person signing)

Director, Vice President

(Title of person signing)