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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Sama	ara Lakes	Homed	ownei	rs Associa	tion, Inc.
DOCUMENT NUME	BER: <u>NO</u>	30000	007	412	ر	
The enclosed Articles	of Amendment an	d fee are subm	itted for	filing.		
Please return all corres	spondence concerr	ning this matte	r to the fo	llowing	g:	
		Mallory Ga			<b> </b> .	<u></u>
		(Name of C	Contact Pe	erson)		
		(Firm/	Company	′)		
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		(Ac	ldress)			
		Jacksonvi				
		(City/ State	and Zip	Code)		
<del></del>	E-mail addres	ss: (to be used	for future	annua	l report notific	ration)
For further informatio	n concerning this	natter, please	call:			
Mallory Gayle Holm			at (	904	<sub>)</sub> _482-114	me Telephone Number)
(Name	of Contact Person)	•		(Area	Code & Dayti	me Telephone Number)
Enclosed is a check fo	r the following an	nount made pay	yable to t	he Flor	ida Departmer	nt of State:
☑ \$35 Filing Fee	\$43.75 Filing Certificate of St	-	Certifi	ed Cop ional co	ing Fee & y opy is	☐ \$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			

## Articles of Amendment to Articles of Incorporation of

Name of Corporation as curre		<del></del>	tate)
^ ~	0000		<del></del>
	iber of Corporati	* * * * * * * * * * * * * * * * * * * *	
Pursuant to the provisions of section 617.1006, he following amendment(s) to its Articles of Ir  A. If amending name, enter the new name of	corporation:		Profit Corporation adopts
		_	
The new name must be distinguishable and coabbreviation "Corp." or "Inc." <u>"Company" o</u>			corporated" or the
B. <u>Enter new principal office address, if app</u> Principal office address <u>MUST BE A STREE</u>			FIL JUL 17 CREITAKY LAHASSI
C. Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFFI</u>			PH 1: 10 OF STATE EE, FLORIDA
D. If amending the registered agent and/or new registered agent and/or the new regi			nter the name of the
Name of New Registered Agent:			
New Registered Office Address:	(Flori	da street address)	
		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing the hareby accept the appointment as registered position.		gent:	
	Signature of New	Registered Agent, if ci	hanging

## 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) <u>Title</u> <u>Name</u> Address Type of Action ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Article VI, Section 2, subsection a is amended and restated to provide: "a. Three (3) months after 90% of the Lots in the Property that will ultimately be operated by the Association have been conveyed to Class A Members." Article VI, Section 2, subsection b is amended and restated to provide: "b. On or before Ten (10) years from the recording of the Declaration."

The date of each amendment(s) ad	loption: July 10, 2009
· ·	(date of adoption is required)
Effective date <u>if applicable</u> :	A SERVICE OF THE PROPERTY OF T
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were addwas/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)
✓ There are no members or memb adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were s.
Dated July 10, 2	2009
(By the c	hairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary)
	Tennifer L. Hardin (Typed or printed name of person signing)  President (Title of person signing)

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