## N04000002628

(Re	equestor's Name)	
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## COVER LETTER

**TO:** Amendment Section. Division of Corporations

÷	,
NAME OF CORPORATION:	PINES HOMEOWNERS ASSOCIATION OF CLERMONT, INC.
N04000002628	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee ar	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
MIKE MILLER	
	(Name of Contact Person)
EMPIRE MANAGEMENT GROUP	
	(Firm/ Company)
1135 EAST AVENUE	
	(Address)
CLERMONT, FL 34711	
	(City/ State and Zip Code)
MMILLER@EMPIREMANAGEMENTGRP.C	СОМ
E-mail address: (to b	be used for future annual report notification)
For further information concerning this matter,	please call
MIKE MILLER	3525350099
(Name of Contact I	Person) at (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee Certificate of S	Fee & \$\subseteq\$\$\$43.75 Filing Fee & \$\subseteq\$\$\$(Additional copy is enclosed)\$\$\$ \$\subseteq\$
Mailing Address	Street Address
Amendment Section	Amendment Section

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 Articles of Incorporation of

FILED

SOUTHERN PINES HOMEOWNERS ASSOCIA	TION OF CLERMONT, INC.	Mar May 20 DM 2-22
(Name of Corporation	as currently filed with the Florid	ia Dept. of State)
N04000002628		FOR SAFF FLORIDA
(Docum	ent Number of Corporation (if kno	
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
N/A		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		or the abbreviation "Corp." or "Inc."
	N/A	
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.)		
C. Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE )	<u></u>	
D. If amending the registered agent and/or regis		nter the name of the
new registered agent and/or the new register		
Name of New Registered Agent:	N/A	
New Registered Office Address:	(F10	rida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Follows I hereby accept the appointment as registered agen	tegistered Agent: t. I am familiar with and accept t	he obligations of the position.
_	Signature of New Registe	red 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: X Change X Remove X Add	<u>V</u> <u>M</u> i	hn Doc ike Jones lly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>s</u>	SCOTT LEITER	1135 EAST AVE
X Add			CLERMONT, FL 34711
Remove			
2) Change	D	PETE HAMMARQUIST	1135 EAST AVE
X Add			CLERMONT, FL 34711
Remove			
3 ) Change			
Add Remove			
4) Change Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets. if necessary). (Be specific)				
N/A				
MANY CLARYTT				-
		esses.		MAT
				<del></del>
	<del> </del>			
Mart + Sector 10				
				*1

•			4/2/2015	iCashan shan sh
	date of each amen this document was	,	option:	, if other than th
		4/2/	2015	
ille	ctive date <u>if applic</u>	canie:	(no more than 90 days after amendment file date)	
			ock does not meet the applicable statutory filing requirements, this date will no partment of State's records.	ot be listed as the
۸do	ption of Amendm	ent(s)	( <u>CHECK ONE</u> )	
	The amendment(s) was/were sufficient		dopted by the members and the number of votes cast for the amendment(s) al.	
	There are no mem adopted by the bo		bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
	Dated	4/10/2015		
	Signature	:	lla at	
	ū	have not be	rman or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
		ALEX F	ABARA	
			(Typed or printed name of person signing)	
		PRESIE	ENT	
			(Title of person signing)	