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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

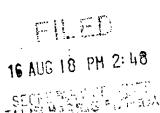
TOWNHOMES OF NAME OF CORPORATION:	SISTERS CREEK HO	MEOWNER	S ASSOCIATION INC.
N04000004216			
DOCUMENT NUMBER:		<del></del>	
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Gail Hargis			
	(Name of Contact Per	son)	
N/A			
	(Firm/ Company)		
159 Natick Trail			
	(Address)	<del></del>	
Brick, NJ			
	(City/ State and Zip C	(ode)	
gailgsv@netscape.net			
E-mail address: (to be used	for future annual repo	ort notification	
For further information concerning this matter, please	call:		
Christopher S. Nelson	n.	305	587-1050
(Name of Contact Person	atat	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida D	epartment of	State:
\$35 Filing Fee \$\text{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 used)
Mailing Address Amendment Section	Am	et Address endment Sect	
Division of Corporations	Div	ision of Corpo	orations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to' Articles of Incorporation of



TOWNHOMES OF SISTERS CREEK HOMEOWNER'S ASSOCIATION INC.

(Name of Corporation	as currently filed with the Flori	da Dept. of State)
N04000004216		
(Docur	ment Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
TOWNHOMES AT SISTER CREEK HOMEOW.	NER'S ASSOCIATION INC.	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		" or the abbreviation "Corp." or "Inc "
B. Enter new principal office address, if applies	N/A	
(Principal office address MUST BE A STREET A		
	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX) N/A	
	N/A	
	N/A	
D. If amending the registered agent and/or reginew registered agent and/or the new register		enter the name of the
Name of New Registered Agent:	N/A	
	N/A	
W . D		rida street address)
<u>New Registered Office Address</u>	: N/A	N/A
	(City)	, Florida (Zip Code)
	·	(Elp Couc)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		the obligations of the position.
_		
·	Cianataga of Non Paniet	and tour 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>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
l) N/A Change		<del></del>		
Add				
Remove				
2) N/A Change		_		
Add				
Remove				
3) N/A Change				
		<del></del>		
Add				
Remove				
4) N/A Change	<del></del>	-		
Add				
Remove				
5) N/A Change				
Add		_		
Remove				
6) N/A Change		_		
Add				
Damous				

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

The	e date of each amendment(	AUGUST 9TH, 2016 '	, if other than the
	this document was signed.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
r cc.	ective date <u>if applicable</u> :	AUGUST 9TH, 2016	
12110	ective date ii applicable.	(no more than 90 days after amendment file date)	***
		s block does not meet the applicable statutory filing requirements, this date will not e Department of State's records.	be listed as the
Ado	option of Amendment(s)	( <u>CHECK ONE</u> )	
	The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) proval.	
	There are no members or nadopted by the board of di	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
	Dated <u>8/9</u>	1/2016	
	Signature	Sail Harris	
	have no	Enairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)	
	GAI	L HARGIS	
	<del></del>	(Typed or printed name of person signing)	
	PRE	SIDENT	
	<del></del>	(Title of person signing)	