# N05000009292

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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL ,
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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUMMERVILLE HO NAME OF CORPORATION:	MEOWNER'S ASSOC	CIATION, IN	IC.
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
Brett Barnes			
(	Name of Contact Perso	on)	
Property Keepers Management. LLC			
	(Firm/ Company)	<del></del>	
1350 NE 56th Street, Suite 180			
	(Address)		
Fort Lauderdale, FL 33334			
(	City/ State and Zip Cod	de)	
brett@property-keepers.com			
E-mail address: (to be used to	for future annual report	notification)	
For further information concerning this matter, please c	all:		
Brett Barnes	9 <u>:</u> at	54	586-5111
(Name of Contact Person)	(A	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Dep	partment of S	tate:
\$35 Filing Fee \$\sum \text{\$\sum \\$43.75 Filing Fee & C}\$  Certificate of Status	_	Certific Certifie	Filing Fee sate of Status d Copy onal Copy is ed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallanassee, FL 32314	Amen Divisi Clifto 2661	t Address dment Section on of Corporn Building Executive Cenassee, FL 32	ations nter Circle

## Articles of Amendment to Articles of Incorporation

### SUMMERVILLE HOMEOWNER'S ASSOCIATION, INC.

(Name of Corporation as curr	ently filed with the	Florida Dept. of State)
	N05000009292	
(Document Nu	nber of Corporation	(if known)
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Ne</i>	ot For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	<u>ation:</u>	
		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorpo	rated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u></u> )	
		- 10 OT
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		DEC
		新聞 <b>0</b> 発表 <u></u> :
D. If amending the registered agent and/or registered o	ffice address in Flo	rida, enter the name of the
new registered agent and/or the new registered offic	e address:	
Name of New Registered Agent:		
	1	
New Registered Office Address:		(Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		ccept the obligations of the position.
· 	Signature of Nau	Registered 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>Mik</u>	<u>n Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Sec/Trea	Joyce Villar	1350 NE 56th Street
X Add			Suite 180
Remove			Fort Lauderdale, FL 33334
2) Change	Sec/Trea	Amalia Papadimitriou	
Add			
X Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change		_	
Add			
Remove			

f amending or adding a attach additional sheets,	if necessary).	(Be specific)				
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	The date of each amendment(s) adoption:date this document was signed.			, if other than the	
Effe	ective date <u>if appli</u>	cable:			
			(no more than 90 days after amendment file date)		
			es not meet the applicable statutory filing requirements, this date will not ent of State's records.	t be listed as the	
Ado	ption of Amendm	ent(s)	(CHECK ONE)		
Ø	The amendment(s was/were sufficie	) was/were adopted at for approval.	by the members and the number of votes cast for the amendment(s)		
	There are no men adopted by the bo		ntitled to vote on the amendment(s). The amendment(s) was/were		
	Dated	5/29/2015			
	Signature				
		have not been sele	or vice chairman of the board, president or other officer-if directors ected by an incorporator – if in the hands of a receiver, trustee, or nted fiduciary by that fiduciary)		
		Rolando Delga	ado		
			(Typed or printed name of person signing)		
		President			
			(Title of person signing)		