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COVER LETTER

TO: Amendment Section Division of Corporations

CROSSI NAME OF CORPORATION:	INGS AT CONWAY CONDOMINIUM ASSOCIATION, INC.
N0600000586	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and	I fee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
Shawn Singletary	
	(Name of Contact Person)
SLS Property Management LLC	
	(Firm/ Company)
3765 Atrium Dr	
	(Address)
Orlando, Fl 32822	
	(City/ State and Zip Code)
ssingletary@cfl.rr.com	
E-mail address	s: (to be used for future annual report notification)
For further information concerning this m	atter, please call:
Shawn Singletary	407 760-0019 at
(Name of Co	ontact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amo	ount made payable to the Florida Department of State:
	Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee te of Status Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address	Street Address

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

to

Crossings A+ Co	of Constant	Minium ASSOCi	0+
(Name of Corporation as cu	rrently filed with the Florid	da Dept. of State)	<u>~</u>
106,000	000 5804 umber of Corporation (if kno	<u> </u>	
ursuant to the provisions of section 617,1006. Florida St nendment(s) to its Articles of Incorporation:	atutes, this Florida Not For	Profit Corporation adopts the follow	/ing
s. If amending name, enter the new name of the corp	oration:		
		The n	
name must be distinguishable and contain the word "cor _i " "Company" or "Co." may not be used in the name.	poration" or "incorporated"	" or the abbreviation "Corp." or "Inc	ť. "
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRI</u>	<u> </u>	 -	
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, e	enter the name of the	
new registered agent and/or the new registered off		_ <u>1</u> ω	
Name of New Registered Agent:			
	(Flo	rida street address)	_
New Registered Office Address:			
		, Florida (Zip Code)	
	(City)	(Zip Code)	
	ered Agent:		

Signature of New 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: XChange 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	<u>v</u>	Shawn de Avila	4231 E. Michigan Steet
Add			Orlando, Fl 32812
X Remove			
2) Change	ST	Richard Ttoxel	4231 E. Michigan Steet
Add			Orlando, Fl 32812
XRemove			
3) Change	D/T	Sara Alicea	4231 E. Michigan Steet
XAdd			Orlando, Fl 32812
Remove			
4) Change	D/S	Rosemary Chitty	4231 E. Michigan Steet
XAdd			Orlando, Fl 32812
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			

attach additional shee	ts, if necessary),	(Be specific)					
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		17 September 2019	
	each amendment(s) adop		, if other than the
late this doc	tument was signed.		
1.00 - 41 A	17 Sept	tember 2019	
tillective da	ite <u>if applicable</u> :	(no more than 90 days after amendment file date)	
		(no more than 90 days after amenament file date)	
Note: If the locument's	date inserted in this block effective date on the Depart	does not meet the applicable statutory filing requirements rtment of State's records.	this date will not be listed as the
Adoption of	f Amendment(s)	(<u>CHECK ONE</u>)	
	endment(s) was/were adopresserved.	oted by the members and the number of votes east for the a	imendment(s)
	ire no members or member d by the board of directors.	is entitled to vote on the amendment(s). The amendment(s).	;) was/were
	17 september :	2019	
	Dated		
	Signature		
	(By the chaifma	in or vice chairman of the board, president or other officer	r-if directors
	have not been	selected, by an incorporator – if in the hands of a receiver.	, trustee, or
	other court app	pointed fiduciary by that fiduciary)	
	Elvira F. Cı	UZ ENIRA CON-	
		(Typed or printed name of person signing)	
	President		
		(Title of person signing)	