Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094 Phone : (770)777-2091

Fax Number : (770)220-1943

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN
THE RESERVE AT CARRIAGE POINTE HOMEOWNERS
ASSOCIATIO

Certificate of Status	0
Certified Copy	1
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Amend CC (10 11/14/13

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION:	THE RESERVE AT CARR

NAME OF CORPORATION:	T CARRIAGE POINTE HO	MEOWNERS ASSOCIATION, INC.
DOCUMENT NUMBER: N1300000	0356	
The enclosed Articles of Amendment and fee are su	•	
Please return all correspondence concerning this man	tter to the following:	
Sharon K. Gray		
	(Name of Contact Person)
Triad Professional Serv	ices, LLC	
	(Pirm/ Company)	
1720 Windward Concou	urse, Ste. 39	O
	(Address)	
Alpharetta, GA 30005		
	(City/ State and Zip Code	:)
jbaden@triadpro		
E-mail address: (to be use	ed for future annual report i	iotification)
For further information concerning this matter, pleas	e call:	
Sharon K. Gray	_ _{al} 770	777-2091
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida Depa	rtment of State:
☐ \$35 Filing Fee	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section		Address ment 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 to Articles of Incorporation of

THE RESERVE AT CARRIAGE POINTE HOMEOWNERS ASSOCIATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N13000000356 (Document Number of Corporation (if known) Pursuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "inc." "Company" or "Co," may not be used in the name. B. Enter new principa I office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida (Clty) (ZIp Code) New Registered Agent's Signature, If changing Registered Agenti I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

Page 1 of 4

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= Sccretary; D= Director; TR= Trustec; 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	PT John I V Mike SV Sally :	lones	
Type of Action (Check One)	Title	Name	Address
l) Change	PD	Michael Liquori	151 Southhall Lane
Add			Suite 200
XX Remove			Maitland, FL 32751
2) Change	PD_	Shelley S. Kaercher	151 Southhall Lane
XX_Add			Suite 200
Remove			Maitland, FL 32751
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove		Pope 7 of 4	
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(attach additional sheets, if necessary)	(Re specifie)
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	If amending or adding additional Ar (attach additional sheets, if necessary).

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The date of each amendment(s) adoption: 11/08/2013 detection described descr				
Reflective date if applicable: (no more than 90 days offer amendment file date)				
Ade	eption of Amendment(s) (CHECK ONE)			
	The amendment(s) was/were adopted by the mombers and the member of votes cast for the amendment(s) was/were sufficient for approval.			
	There are no members or motibers extitled to vote on the amendment(s). The amendment(s) was/were edopted by the board of directors.			
	Dated 11/12/2013			
	Signature Shiller Accurate (By the onairmen or vice chairman of the board, president or other officer-of directors			
	have not been selected, by an incorporator — if in the hends of a receiver, trusse, or other court appointed fiduciary by that fiduciary)			
	Shalley S. Kaercher (Typed or printed name of person algring)			
	Director and President			

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