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COVER LETTER

TO: Amendment Section Division of Corporations

, NAME OF CORPORATION	HERITAGE HILLS	SR-59 HOMEOV	VNERS	S ASSOCIA	TION, INC.	
	N14000000888					
DOCUMENT NUMBER:	· · · · · · · · · · · · · · · · · · ·			.		
The enclosed Articles of An	nendment and fee are sub-	nitted for filing.				
Please return all correspond	ence concerning this matte	er to the following	! :			
Scott Bean						
		(Name of Contac	t Perso	on)		
HERITAGE HILLS SR-59	HOMEOWNERS ASSOC	CIATION, INC.				
		(Firm/ Comp	oany)			
PO Box 296						
		(Address	;)			
Lloyd, Florida 32337						
· ·		(City/ State and Z	Zip Coo	ie)		
HeritageHills59@gmail.cor						
ŀ	-mail address: (to be used	for future annual	report	notification)	
For further information conc	cerning this matter, please	call:				
Scott Bean				50		
	(Name of Contact Person)	(A	rea Code)	(Daytime Telephor	e Number)
Enclosed is a check for the f	ollowing amount made pa	yable to the Flori	da Dep	artment of S	State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing I Certified Copy (Additional co- enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
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 Articles of Incorporation of

HERITAGE HILLS SR-59 HOMEOWNERS ASSOCIATION, INC.

(Name of Corporation as curren	ny mea with the Florida Dej	or or state)	
N1400000888			
(Document Numb	er of Corporation (if known)		
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit</i>	Corporation adopts the following	
A. If amending name, enter the new name of the corporati	on:		
		The new	
name must be distinguishable and contain the word "corporat	ion" or "incorporated" or the		
"Company" or "Co." may not be used in the name.		والمستديد والمستد	
B. Enter new principal office address, if applicable:	344 Legacy Way		
Principal office address MUST BE A STREET ADDRESS	Monticello, Florida 32344	30 30 1	
		500	
		7)	
C. Enter new mailing address, if applicable:	PO Box 296	Gar. 6.	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	Lloyd, Florida 32337		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		he name of the	
new registered agent and/or the new registered office a	uur çaa,		
Name of New Registered Agent:			
	(Florida street address)		
New Registered Office Address:	ti wana wa	C 1 Hour Coay	
		, Florida	
	(City)	(Zip Code)	
	•	,	
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent. I am far	niliar with and accept the obli	gations of the position.	
Si	gnature of New Registered Ag	gent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 Sr	ones .	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	S	_	Staci Pigott	469 Heritage Blvd
X Add				Monticello, FL 32344
Remove				
2) X Change	P	_	Dan Coats	527 Tradition Way
Add				Monticello, FL 32344
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
	······································
	· · ·
	

•	November 8, 2018	
The date of each amendment(s date this document was signed.). adoption:	, if other than 1
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will no Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) roval.	
☐ There are no members or m adopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were sectors.	
Dated 3/1/2019		
Signature		
(By the c	hairman or vice chairman of the board, president or other officer-if directors the been selected, by an incorporator — if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary)	
Scott	Bean	
	(Typed or printed name of person signing)	
Vice	President	
	(Title of person signing)	