N15000009992

(Re	questor's Name)	
(Ad	dress)	······································
. (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Cypress Oaks Ho NAME OF CORPORATION:	omeowners Association,	lnc	دم
N15000009992 DOCUMENT NUMBER:			•
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
Michael Miller			
	(Name of Contact Pe	erson)	
Empire Management Group, Inc			
	(Firm/ Company	·)	
770 Almond Street. Ste A			
	(Address)		
Clermont, Fl 34711			
	(City/ State and Zip	Code)	
mmiller@empiremanagementgrp.com			
E-mail address: (to be i	used for future annual reg	ort notification	1)
For further information concerning this matter, ple	ease call:		
Michael Miller	at	352	535-0099
(Name of Contact Per			(Daytime Telephone Number)
Enclosed is a check for the following amount mad	e payable to the Florida I	Department of	State:
	e & □\$43.75 Filing Feetus Certified Copy (Additional copy i enclosed)	Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		reet Address nendment Secti	ion
Division of Cornerations		divian of Com	

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

to Articles of Incorporation	rida Dept. of State)
of	*
	7
n as currently filed with the Flo	rida Dept. of State)
ment Number of Corporation (if l	nown)
orida Statutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
e corporation:	
	The new
	d" or the abbreviation "Corp," or "Inc."
m/a	
<u>able:</u>	
ROV) n/a	
<u></u>	
· <u> </u>	
istered office address in Florida	anter the nume of the
red office address:	the the name of the
n/a	
	Torida street addressi
?	errata street adati (33)
n/a	Florida
(City)	, Florida (Zip Code)
•	•
Registered Agent:	
nt I am familian with and accom	t the abligations of the acceleius
nt. I am familiar with and accep	t the obligations of the position.
nt. I am familiar with and accep	t the obligations of the position.
	ment Number of Corporation (if Forida Statutes, this Florida Not Forida Statutes, this Florida Not Forida Corporation: d "corporation" or "incorporate dec.

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>Mil</u>	n <u>n Doe</u> ke Jones l <u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
4) Change	SD	Chris Tyree	770 Almond St
Add			Ste A
x Remove			Clermont, Fl 34711
2) Change	SD	Tony Iorio	770 Almond Street
x Add			Ste A
Remove			Clermont, Fl 34711
3) Change		·	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)
/a	
	
	

The	date of each amendment(s) ado	ption:	if other than the
date	this document was signed.		
e ee	May 7. ective date if applicable:	. 2018	
	ective date ir applicable.	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block ument's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date will no artment of State's records.	t be listed as the
Add	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)	
	There are no members or member adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were s.	
	Dated	30/18	
	Signature		
	have not been	nan or vice chairman of the board, president or other officer-if directors is selected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)	_
	Stephen O	FOSZ.	
		(Typed or printed name of person signing)	
	President		
		(Title of person signing)	