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COVER LETTER

TO: Amendment Section Division of Corporations

OLD MARSH COVE HOMEON NAME OF CORPORATION:	WNERS ASSOCIATION, INC.
N20000003514 DOCUMENT NUMBER:	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for fil	ing.
Please return all correspondence concerning this matter to the following	owing:
Dwane Twente	
(Name of C	ontact Person)
(Firm/	Company)
78 W Lamb Dr	
(Ad	dress)
Santa Rosa Beach, FL 32459	
(City/ State	and Zip Code)
Dwane Twente@gmail.com	
E-mail address: (to be used for future a	nnual report notification)
For further information concerning this matter, please call:	
Dwane Twente	704 562-4192
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the	Florida Department of State:
☐ \$35 Filing Fee ■\$43.75 Filing Fee & ☐\$43.75 Fi Certificate of Status Certified (Addition enclosed)	Copy Certificate of Status al copy is Certified Copy

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Flo	orida D	ept. of State)		
OLD MARSH COVE HOMEOWNERS ASSOCIATI	ION, IN	C.		
(Document	Numbe	er of Corporation (if known)	·	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statute	s, this <i>Florida Not For Profit</i> (Corporation adopts the f	ollowing
A. If amending name, enter the new name of the con	<u>rporati</u>	on:		
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporat	ion" or "incorporated" or the		The new " "Inc."
B. Enter new principal office address, if applicable:		78 W Lamb Dr	_	N
(Principal office address MUST BE A STREET ADD		Santa Rosa Beach	•	19.
		Florida 32459		ت پن
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOY	X)	78 W Lamb Dr	· · · · · · · · · · · · · · · · · · ·	::
	_	Santa Rosa Beach	÷	(B)
		Florida 32459	:-	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of			e name of the	
Name of New Registered Agent:	vane Tv	vente		
78	W Lan	nb Dr. Santa Rosa Beach, FL 33	2459	
New Registered Office Address:		(Florida stree	t address)	
78	W Lan	nb Dr, Santa Rosa Beach	32459 , Florida	
	•	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent.			gations of the position.	
	(1) W	are Twents		
	Siş	nature of New Registered Age	nt, 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	PT John De V Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	CEO	ADKINS, DONALD E	12889 US HWY 98 W MIRAMAR BEACH, FL 32550
* Remove 2) Change Add	<u>COO</u>	SIMPSON, MATTHEW A	12889 US HWY 98 W MIRAMAR BEACH, FL 32550
* Remove 3) Change * Add Remove	<u>P</u>	Twente, Dwane	78 W Lamb Dr Santa Rosa Beach, FL 32459
4) Change Add	<u>S</u>	Goodwin, Bailee	77 W Lamb Dr Santa Rosa Beach, FL 32459
Remove 5) Change Add	<u>T</u>	LaMonica, Kyle	90 W Lamb Dr Santa Rosa Beach, FL 32459
Remove 6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
		· · · · · · · · · · · · · · · · · · ·	

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The date of each amendment	(s) adoption:				, if other than the
date this document was signed				· · · · · · · · · · · · · · · · · · ·	, other that th
Effective date if applicable:	January 1, 2025				
	(no more the	an 90 days after	amendment file do	ute)	
Note: If the date inserted in th	is block does not meet t	he applicable sta	itutory filing requi	rements, this date	will not be listed as the

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

	December, 11 2024
Dated	
Signature	. Dwane Twents
-	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Dwane Twente
	(Typed or printed name of person signing)
	(Typed or printed name of person signing) President