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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CITRUS PARK MOBILE HOME OWNERS ASSORTION
DOCUMENT NUMBER: N.37665
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SUSEPH MOLINA (Name of Contact Person)
(ivalic of Contact i cison)
(Firm/ Company)
PO BOX 366725 (Address)
BONITA SPRING FL 34135 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOSEPH MOLINFA at 571-499-0274 (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:
S35 Filing Fee S43.75 Filing Fee Scrifficate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee Scriffied Copy (Additional Copy is Enclosed) Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation of

C.

CITRUS PARK	01		
(Name of Corporation as currently filed with the Florid	LE HONEOWA	<u>UERS</u>	ASSOCIATION IN
.12.11	11.6		
(Document Nu	しょりつ imber of Corporation (if ki	nown)	·
	<u>-</u>		
Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	itutes, inis <i>Piorida (Noi Po</i>	r Projii Cor	poranon adopts the following
A. If amending name, enter the new name of the corpo	oration:		
BONITA TEKRA MOBILE 1-10 name must be distinguishable and contain the word "corp."	ME OWNERS A	SSOCIA	TION INC. The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated	l" or the abb	previation "Corp." or "Inc."
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(SS</u>)		F-3
			310EC
•			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			_
			<u> </u>
D. If amending the registered agent and/or registered of	office address in Florida	enter the n	ame of the
new registered agent and/or the new registered office		cite inch	ant of the
Name of New Registered Agent:			
	(FI	onda street ada	tress)
New Registered Office Address:			
	·		, Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Register			
hereby accept the appointment as registered agent. I am	n familiar with and accept	the obligation	ons of the position.

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: X Change X Remove X Add	PT John De V Mike Je SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. <u>If amending or addi</u> (attach additional she	ng additional Art ets, if necessary).	ticles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adopti date this document was signed.	on: <u>lute</u>	ot	docum	ent	, if oth	er than the
Effective date <u>if applicable</u> :	(no more than 90 days	after ame	endment file date	 		
Note: If the date inserted in this block document's effective date on the Department.		ble statuto	ry filing require	ments, this date v	vill not be listed	as the
Adoption of Amendment(s)	(CHECK ONE)					
The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and t	he number	of votes cast fo	r the amendment	(s)	

Dated	12/7/2020
	sumple M.
Signature	The state of the bound president or other officer if directors
(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)
	JUSENH R MOLINA
	(Typed or printed name of person signing)
	President,