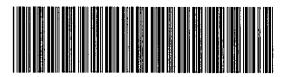
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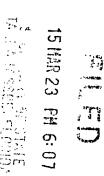
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Office Use Only



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## COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

LAKERIDGE NIZODODANA	HOA, INC.
profit Acticles a	of Amendment of
•	
ning this matter to the following:	
Noi fer Brock (Name of Contact Person	Brooke Herings
Keridge HOA (Firm/Company)	Ina
Avenue 6000	200000000000000000000000000000000000000
PEROLE FLOCIO	la 33304
ss: (to be used for future annual report	notification)
matter, please call:	
at (954)	Code & Daytime Telephone Number)
nount made payable to the Florida Dep	partment of State:
Filing Fee & \$\sum \\$43.75 \text{ Filing Fee & Certified Copy (Additional copy is enclosed)}	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
	t Address dment Section
	And fee are submitted for filing.  In this matter to the following:  A Contact Person  (Name of Contact Person  (Name of Contact Person  (Firm/ Company)  Address)  Address  (City/ State and Zip Contact Person  (City/ State and Zip Contact Person  (City/ State and Zip Contact Person  (Address)  A Contact Person  (Firm/ Company)  (Address)  A Contact Person  (Address)  A Contact Person  (Firm/ Company)  (Address)  A Contact Person  (Address)  (Address)  (Additional copy is enclosed)

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment		चल ज	
to Articles of Incorporation		善	
9 LAKERIDGE HI	DA, INC.	23 P	
(Name of Corporation as currently filed with the Flor	rida Deßt. of State)	2 5	
<u> </u>		9.01	
(Document Number of Co	rporation (if known)	- 5m -	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit Corporation</i> s	adopts the following	
A. If amending name, enter the new name of the corporation	on:		
NIA		The new	
name must be distinguishable and contain the word "corporat. "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation	"Corp." or "Inc."	
B. Enter new principal office address, if applicable:	1121 NE 18TH AVE	MUE	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	FORT LAUDERDAL	E, FL	
	3	3304	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1121 NE 18TH AVE	INVE	
	FORT LAUDERDAL	<u>-E, F-L</u>	
		33304	
D. If amending the registered agent and/or registered offic	e address in Florida, enter the name of th	1e	
new registered agent and/or the new registered office a		<u></u>	
Name of New Registered Agent: BROO	KE . HERING		
1121 108	(Florida street address)		
New Registered Office Address:	Tribinal street address)		
FORT LAY (City)	UDERDALE, Florida 3	3304 (Zip Code)	
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent. I am far	miliar with and accept the obligations of the	position.	
Buoch 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 = 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 Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	<u>19</u>	SWEENEY, ROBERT	1117 NE 18TH AVE #2
Add		as and to	FORT LAUDERDALE, FL
Remove		Just need to change the	33304
2) Change		Zip wae	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Ar attach additional sheets, if necessary).	(De specific)				
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The date of each amendment(s) adoption:    3   7   2016	_, if other than the
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.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.  Dated  Signature  (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)	_
Jennifer Brock- Brooke Hering- (Typed or printed name of person signing)  Secretary President / Treasure (Title of person signing)	