# 716309

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Floral City Water Association Inc.
DOCUMENT NUMBER: 716309
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jenniter Roberts (Name of Contact Person)
Floral City Water Association Inc. (Firm/ Company)
8189 S. Florida Avenue (Address)
Floral City Florid (1 344310 (City/ State and Zip Code)
if fewai @ amail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tenrifer Roberts at 352-72U-33UU  (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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 & Certificate of Status  Certificate of Status  (Additional copy is enclosed)  S43.75 Filing Fee & Certificate of Status  (Additional copy is Enclosed)

### 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

Floral City Mo	ater Association INC.	
Name of Corporation as currently filed with the Florid	da Dept. of State)	
	14309	
(Document Nur	mber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corporation adopts the follow	ing
A. If amending name, enter the new name of the corpor	ration:	
	The n	aw
name must be distinguishable and contain the word "corpo "Company" or "Co," may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "Inc	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u> )	<del>-</del>
	. 2	
	020	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7
(maining data test in the first of the book)		<u>;</u>
		:
D. If amending the registered agent and/or registered on new registered agent and/or the new registered office		
Name of New Registered Agent:		_
	(Florida strect address)	
New Registered Office Address:		
<del></del>	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations 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: XChange X Remove X Add	<u>V</u> <u>Mike</u>	n <u>Doe</u> e <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change Add	VP_	Timothy I Herndon	4701 South World Wide Dr Inverness FL. 34452
Remove			
2) Change Add	<del></del>		
Remove 3) Remove Add Remove		<del></del>	
4) Change Add			
Remove			
5) Change Add			
Remove			
Change Add	All other n	name, title of	
Remove		•	
If amending or a attach additional.	dding additional A sheets, if necessary	articles, enter change(s) here: email	1 the Same.
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		******
late of each amendment(s) adoption: nis document was signed.	February 17th 2020	, if other than the
ve date <u>if applicable</u> :  (no mo	ore than 90 days after amendment file date)	
`	• • • • • • • • • • • • • • • • • • • •	

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

1 of Amendment(s)

(CHECK ONE)

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

۰	adopted by the board of directors.
	Dated 5/22/2020
	Signature Mula Hood
	(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)
	Wichael Gooch (Typed or printed name of person signing)
	President
	(Title of person signing)