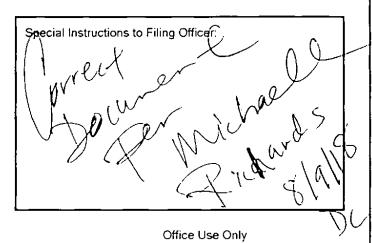
75145-721895

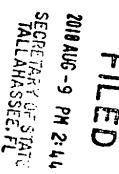
	(Req	uestor's Name)	
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	(Doc	ument Number)
Certified Copies		Certificate	s of Status





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HILINA. 8/9/18 DC

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SWEETWATER O	AKS HOMEOWNERS' ASS	OCIATION, INC.			
DOCUMENT NUMI	BER: 721895					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	PATRICIA CONN					
		Name of Contact Perso	n			
	SWEETWATER OAKS HOM	EOWNERS' ASSOCIATION	N. INC.			
		Firm/ Company				
	810 FOX VALLEY DRIVE					
Address						
	LONGWOOD, FL 32779	City/ State and Zip Cod	e			
		eny olare and mp cou	_			
mar	nager@sweetwateroaks.org					
	E-mail address: (to be used for future annua	l report notification)			
For further information	n concerning this matter, pleas	se call:				
PATRICIA CONN		at (<u>407</u>	862-5606			
Name (of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:			
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ame Divi P.O.	ling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301			

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	<u>PT</u>	John Doe			
X Remove	$\underline{\mathbf{Y}}$	Mike Jones			
X Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	D	MASON KELSEY	810 FOX VALLEY DRIVE		
Add X Remove		,	LONGWOOD, FL 32779		
2) Change	D	ABBEY SANCHEZ	810 FOX VALLEY DRIVE		
Add			LONGWOOD, FL 32779		
X Remove 3) Change	D	SUSAN GELLER	810 FOX VALLEY DRIVE		
X Add			LONGWOOD, FL 32779		
Remove					
4) Change	DS	STUART HODES	810 FOX VALLEY DRIVE		
X Add			LONGWOOD, FL 32779		
Remove					
5) Change	S	BARBARA DIXON	810 FOX VALLEY DRIVE		
Add			LONGWOOD, FL 32779		
X Remove					
6) Change		_			
Add					
Remove					

Articles of Amendment Articles of Incorporation οf

(Name of Corporation a	s currently filed with the Florida Dept.	of State)	
721895			
	ent Number of Corporation (if known)		
ursuant to the provisions of section 617.1 mendment(s) to its Articles of Incorporati	006, Florida Statutes, this <i>Florida Not For</i> on:	Profit Corporation adopts	the followi
. If amending name, enter the new nar	ne of the corporation:		
	T 10 10 10 10 10 10 10 10 10 10 10 10 10		The no
ame must be distinguishable and contain Company" or "Co." mgy not be used in i	the word "corporation" or "incorporated" the name	or the appreviation (Cor	p or me
 Enter new principal office address, if Principal office address MUST BE A ST 			(0 5
			>
			下流 2
			₹ <u>₹</u>
. Enter new mailing address, if applie			ي جي
(Mailing address <u>MAY BE A POST O</u>	FFICE BOX		<u>(A) (S) − ₹</u>
			[71 ₍₀
		i	P3 €
			<u> [43 + </u>
D. If amending the registered agent ar	id/or registered office address in Florida	, enter the name of the	
new registered agent and/or the ne	· · · · · · · · · · · · · · · · · · ·		
Name of New Registered Agent	JEFFERY CHATLOS, CPA		
	710 MIAMI SPRINGS DRIVE, SUITE	100	
	(Florida street address)	· .	
New Registered Office Address:	LONGWOOD, FL	32779	
	(City)	Florida	Code)
		,	
			•
New Registered Agent's Signature, if c	hanging Registered Agent:		
herchy accept the appointment as regist	ered agent. I am familiar with and accept	the obligations of the pos	sition.
\mathcal{L}			
- Sie	mature of New Registered Agent, if change	na .	

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)					
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		•				
	_		•			
· · · · · · · · · · · · · · · · · · ·		_				
			•			

The date of each amendment(s) ad	option:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90) days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will a partment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s).	
There are no members or members adopted by the board of directo	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
Dated	118	
Signature	h (Scala	
ور به والمحروبة والم	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court ductary by that fiductary)	
JOH	N C. SCALES	
_	(Typed or printed name of person signing)	
PRE	SIDENT OF THE BOARD OF DIRECTORS	
	(Title of person signing)	