129375

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Amend

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I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Candlewyck East HOA
DOCUMENT NUMBER: 729375
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nereida Rivera (Name of Contact Person)
(Name of Contact Person)
Candlewyck East Have owners Association, Inc. (Firm/Company)
1300 Village Way (Address)
Orlande FL 32807 (City/State and Zip Code)
Candlewyckeast 6 angil. Com. DE-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mere'i da Rivera at (787) 430-5053 (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 SCertificate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CANDLEWYCK EAST HOMEOWNERS ASSOCIATION, INC.

(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
7	29375	
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation a	idopts the following
A. If amending name, enter the new name of the corporati	ion:	
N/A		The new
name must be distinguishable and contain the word "corporal "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation	"Corp." or "Inc."
B. Enter new principal office address, if applicable:	NIA	
(Principal office address <u>MUST BE A STREET ADDRESS</u>))	201
	-	
		•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ν/A	
(Mulling dudiess MAT BE AT 1931 OFFICE BOA)		211 12 3
D. If amending the registered agent and/or registered offic	ce address in Florida, enter the name of the	<u>e</u>
new registered agent and/or the new registered office a		_
Name of New Registered Agent:	NA	
New Registered Office Address:	(Florida street address)	
	N/A . Florida	
		Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan		nacition
т поселу ассерстве арронитель из геділегей адет. Тат заг	, , , , , , , , , , , , , , , , , , ,	ромит.
	N/A	
<u></u>	enature of New Registered Agent, if changin	,

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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	<u>V</u> <u>Mik</u>	n Doe se Jones sy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change Add Remove	<u>T</u>	Artime, Luly	1261 Americana Pl Orbando FL 32507
2) Change Add Remove	<u>5</u>	Antonio Hermindez	5840 La Costa Dr Drhindo FL 32807
3) <u>X</u> Change Add Remove	<u>T</u>	Gustavo Rodriguez	
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Articletach additional sheets, if necessary).	(Be specific)				
	NA				_
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	e date of each amendment(s) a e this document was signed.	doption:	, if other than the
Eff	ective date <u>if applicable</u> :	NA	
		(no more than 90 days after amendment file date	?)
	te: If the date inserted in this ble nument's effective date on the De	ock does not meet the applicable statutory filing requires partment of State's records.	ments, this date will not be listed as the
Ad	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes east for al.	the amendment(s)
×	There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendmors.	nent(s) was/were
	Dated	7/4/19	
	Signature	ereida Thuirs	
	have not be	man or vice chairman of the board, president or other of en selected, by an incorporator – if in the hands of a rec appointed fiduciary by that fiduciary)	
		Nereida Rivera	
		(Typed or printed name of person signing	g)
		President	
		(Title of person signing)	