04/06/2021 15,32 3052201440 Florida Department of State Division of Corporations Electronic Filing Cover Sheet	PAGE	01/05
Note: Please print this page and use it as a cover sheet. Type the fax audit r (shown below) on the top and bottom of all pages of the document.	umber	
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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this Doing so will generate another cover sheet.	s page.	
To: Division of Corporations Fax Number : (850)617-6380		в
From: Account Name : LAZARUS CORPORATE FILING SERVICE, IN Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 **Enter the email address for this business entity to be used for fut	101 NPR -5 P 12	ר ב ח ס
annual report mailings. Enter only one email address please	23	
COR AMND/RESTATE/CORRECT OR O/D RESIGN HACIENDA ESTATES OWNERS ASSOCIATION INC. Certificate of Status 0 Certified Copy 0 Page Count 05 Estimated Charge \$35.00 APR - 7 2021 D COMMELL Address		
Electronic Filing Menu Corporate Filing Menu Elelp		

04/06/2021	15:.32	3052201440	LAZARL	IS CORPORATE	PAGE	02/05
			Articles of Amend	ment		
			to Articles of Incorpor			
			of			
	Haci	enda Est.	ates Owner	SASSOCIA.	tion Two	
( <u>iva</u>	me of Corpo	ration as currently file	a with the Florida Dept. of	f State)		
<b>—</b> ————			740039	<u> </u>		
			Number of Corporation (if			
Pursuant to amendmen	the provision t(s) to its Arti	ns of section 617.1006, cles of Incorporation:	Florida Statutes, this <i>Florid</i>	a Not For Profit Corpor	ation adopts the following	g
A. <u>If ame</u>	nding name,	enter the new name of	the corporation:			
name must "Company	be distinguis. " <u>o</u> r "Co." m	hable and contain the w ay not be used in the n	ord "corporation" or "inco Ime	prporated" or the abbrev	The new	,
B. <u>Enter r</u> (Principal	ew principa office addres:	office address, if appl MUST BE A STREET	icable: TADDRESS)			
			- <u></u>			ĊD
					2021	-
C. <u>Enter</u> <i>(Mailin</i>	new mailing g address <u>M</u>	address, if applicable: 1 <i>Y BE A POST OFFIC</i>	<u>E BOX</u> )		APR	
			·			
D. <u>If amen</u> <u>new reg</u>	ding the reginistered agen	stered agent and/or re t and/or the new regist	gistered office address in I	Florida, enter the name	of the 3	
		gistered Agent:				
<u>_N</u>	ew Registered	Office Address:	(Florida street ad	dressj		
				, Florida		
			(City)		(Zip Code)	
<u>New Regist</u> I hereby acc	ered Agent's rept the appoi	Signature, if changing nument as registered ag	<u>Registered Agent:</u> ent. I am familiar with and	accept the obligations of	f the position.	
		Signe	tture of New Registered Age	nt, if changing		
			Page I 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 us John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	PT John D V Mike Jo SV Sally S	ones			
<u>Type of Action</u> (Check One)		Name	<u>Addres</u> s		
1) Change	Secretary	Roberto Dawiel			_
Add					_
					<u> </u>
2) Change	Secretory	KAtherine Chavarris	2 <del>93</del> 1	1520 50 34	Lane
Add				MiAIF	33165
Remove					
3) Change	<u> </u>				-
Add					-
Remove					-
					-
4) Change					
Add					
Remove			<u> </u>		
5) Change					
Add					
Remove					
6) Change				—,,	
Add					
Remove		<b>b</b>			
		Page 2 of 4			

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04/00/2021	10, 02	3032201440			
E. If ange	nding or ad	ding additional Article			
(attach	additional si	heets, if necessary). (1	is, enter change(s) here: Be specific)		
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			Page 3 of 4		

he date of each amendment(s) adoption:	, if other than the
fective date if applicable:	
(no more than 90 days after amendment file date)	<u> </u>
The 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 4/5/2/ Signature & OGGGGGGGG	
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)	
$\frac{Otilia}{(Typed or printed name of person signing)}$	
(Title of person signing)	
	1