

745955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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C. CARROLLERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RAINBOW SPRINGS PROPERTY OWNERS ASSOCIATION, INC.

DOCUMENT NUMBER: 745955

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARD A. LEMMA

(Name of Contact Person)

RAINBOW SPRINGS PROPERTY OWNERS ASSOCIATION, INC.

(Firm/ Company)

P.O. BOX 3389

(Address)

DUNNELLON, FL 34430

(City/ State and Zip Code)

PROPOA@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD (DICK) A. LEMMA

352 489-1621

at

(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:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

RAINBOW SPRINGS PROPERTY OWNERS ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

745955

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp.," "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	N/A	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	N/A	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	N/A	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	N/A	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	N/A	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	N/A	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

ARTICLE VII, SECTION 4, DURATION OF OFFICE, SHALL BE REPLACED BY THE FOLLOWING, ARTICLE VII,
SECTION 4 IN ITS STEAD:

ARTICLE VII

DIRECTORS

SECTION 4, DURATION OF OFFICE. MEMBERS ELECTED TO THE BOARD OF DIRECTORS SHALL HOLD
OFFICE UNTIL THEY RESIGN, OR UNTIL THE NEXT SUCCEEDING ANNUAL MEETING OF MEMBERS, AND
THEREAFTER UNTIL QUALIFIED SUCCESSORS ARE DULY ELECTED AND HAVE TAKEN OFFICE.
DIRECTORS SHALL SERVE NO MORE THAN FOUR CONSECUTIVE YEARS.

A COPY OF THE CERTIFICATE OF AMENDMENT OF ARTICLES OF INCORPORATION IS ATTACHED

MAY 11, 2016

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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

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 MAY 11, 2016 _____

Signature Burt Eno

(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)

BURT ENO BURT ENO
(Typed or printed name of person signing)

PRESIDENT _____
(Title of person signing)

Certificate of Amendment of Articles of Incorporation
of
Rainbow Springs Property Owners Association, Inc.

The undersigned, as Secretary of the Rainbow Springs Property Owners Association, Inc., a Florida nonprofit corporation, does hereby certify that the following amendment to the Articles of Incorporation was duly adopted at a meeting of the Directors on May 11, 2016 at which a quorum was present and voted on the 11th day of May, 2016.

Resolved as follows:

Article VII, Section 4, Duration of Office, shall be replaced by the following Article VII, Section 4 in its stead:

Article VII

Directors

Section 4. Duration of Office. Members elected to the Board of Directors shall hold office until they resign or until the next succeeding annual meeting of members, and thereafter until qualified successors are duly elected and have taken office. **Directors shall serve no more than four consecutive years.**

RAINBOW SPRINGS PROPERTY
OWNERS ASSOCIATION, INC.

By: Burton Eno
Burton Eno, Director and President

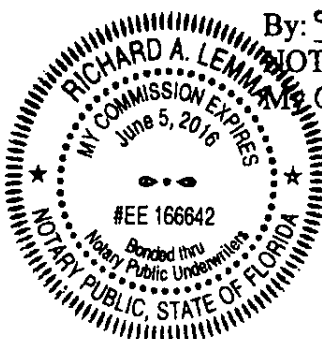
Attest:

By: Audrey Strahan
Audrey Strahan, Director and Secretary, RSPOA

STATE OF FLORIDA
COUNTY OF MARION

Before me, the undersigned authority, personally appeared Burton Eno and Audrey Strahan, known to be the persons who executed the foregoing Article of Amendment and they acknowledged before me that they executed such instrument for the purposes there stated.

By: Richard A. Lemmon
NOTARY PUBLIC
Commission Expires:



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MARION COUNTY, FL