746887

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dasiness Linky Hame)
(Document Number)
Certified Copies Certificates of Status

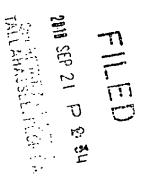
Special Instructions to Filing Officer:





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SEP?



COVER LETTER

TO: Amendment Section Division of Corporations

Sugar Hill Property NAME OF CORPORATION:	Owners Association, Inc.	
746887		
DOCUMENT NUMBER:	_	
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Stephanie Harris		
	(Name of Contact Person	n)
Signature Property Management		
	(Firm/ Company)	
459 NW Prima Vista Blvd		
·	(Address)	
Port St Lucie, FL 34983		
	(City/ State and Zip Cod	e)
stephanie@signaturepropertymgmt.com		
E-mail address: (to be use	ed for future annual report	notification)
For further information concerning this matter, pleas	e call:	
Stephanie Harris	77 at	2 219-4474
(Name of Contact Perso		ea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida Depa	rtment of State;
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	≥ □S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address		Address
Amendment Section	Amend	ment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



	2013 SED 2
ntly filed with the Florida Dept.	of State) oci 21 p ; 2; g
	MITTER MEDICAL TORS
ber of Corporation (if known)	TOTAL SEE, FLURIDA,
tes, this <i>Florida Not For Profit C</i>	Corporation adopts the following
tion:	
ation" or "incorporated" or the c	The new abbreviation "Corp." or "Inc."
<u> </u>	
c/o Signature Property manage	ment
3232 SE Dixie Hwy, Unit B	
Stuart, FL 34997	
	name of the
(Florida street	address)
	, Florida
(City)	(Zip Code)
	ations of the position.
	· · · · · · · · · · · · · · · · · · ·
Cionatura of Many Business J. 4	ur if alemanias
	3232 SE Dixie Hwy, Unit B Stuart, FL 34997 fice address in Florida, enter the address: (Florida street

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: X Change X Remove X Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Uni Change	P	Kenneth Capra	3232 SE Dixie Hwy
Add			Unit B
Remove			Stuart, FL 34997
2) XX Change	D	Linda Prange	3232 SE Dixie Hwy
Add			Unit B
Remove			Stuart, FL 34997
3) XX Change	<u>T</u>	Diana Levett	3232 SE Dixie Hwy
Add			Unit B
Remove			Stuart, FL 34997
4) Change	D	Dan Smith	
Add			
xx Remove			
5) XX Change	<u>s</u>	Jay Kirschner	3232 SE Dixie Hwy
Add			Unit B
Remove			Stuart, FL 34997
6) Change			
Add			
Remove			

E. If amending or adding additional Artic (attach additional sheets, if necessary).	les, enter change(s) here: (Be specific)		
		<u> </u>	
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rı.		July 1, 2018	_, if other than the
	e date of each amendr e this document was sig		, it office than the
Effe	ective date <u>if applicab</u>		***
		(no more than 90 days after amendment file date)	
		in this block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records.	be listed as the
۸de	option of Amendment	(s) (<u>CHECK ONE</u>)	
	The amendment(s) w was/were sufficient for	as/were adopted by the members and the number of votes cast for the amendment(s) or approval.	
	There are no member adopted by the board	s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
	Dated	ugust 24, 2018	
	Signature	lliones Levell	
	h	y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)	
		Diana Levett	
		(Typed or printed name of person signing)	
		Treasurer	
		(Title of person signing)	