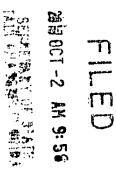
751794

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Amend

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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	BENEVA WOODS H	OMEOWNERS' AS	SSOCIATION,	INC.
70	51794			
DOCUMENT NUMBER:				
The enclosed Articles of Ame	ndment and fee are subm	itted for filing.		
Please return all corresponden	ce concerning this matter	to the following:		
SANDRA L. WILSON				
	(Name of Contact Pe	erson)	
BENEVA WOODS HOMEO	WNERS' ASSOCIATIO	N, INC.		
		(Firm/ Company	')	······································
5429 BENEVA WOODS WA	ΛY			
		(Address)		
SARASOTA, FL 34233				
	(City/ State and Zip (Code)	
SANDYWILSON81@VERIZ	ZON.NET			
E-1	nail address: (to be used i	for future annual rep	ort notification)
For further information concer	ming this matter, please c	all:		
SANDRA L. WILSON		at	941	923-3959
(1	Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fol	llowing amount made pay	able to the Florida I	Department of S	tate:
■ \$35 Filing Fee	□\$43.75 Filing Fee & C Certificate of Status	343.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifie s Certifie	Filing Fee cate of Status ed Copy ional Copy is sed)

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

BENEVA WOODS HOMEOWNERS' ASSOCIATION, INC.

(Name of Corneration as	currently filed with the Flor	ids Dent of State)
	751794	
(Documer	nt Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Floridament(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
NA		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporated	
B. Enter new principal office address, if applicable	NA e:	
(Principal office address <u>MUST BE A STREET AD</u>		18 3 4
	NA	2 2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	NA NA	2
, 0	NA	i i
	NA	
D. If amending the registered agent and/or registenew registered agent and/or the new registered		enter the name of the
	A	
N N	A	
_	(Fi	orida street address)
New Registered Office Address:		
N 	A	, Florida NA
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		the obligations of the position.
_ 1	NA	•
	Signature of New Regist	tered 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.

X Change X Remove X Add	<u>V</u> <u>Mik</u>	n <u>Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	D' AGOSTINO, LINDSAY	5310 BENEVA WOODS CIRCLE
Add			SARASOTA, FL 34233
X Remove		,	
2) Change	D	PRANCEVIC, ROBERT J.	5331 BENEVA WOODS CIRCLE
X Add	, .		SARASOTA, FL 34233
Remove 3) X Change	PSD	WILSON, ROBERT M.	5429 BENEVA WOODS WAY
3) Change Add			SARASOTA, FL 34233
Remove			
4) Change			
Add			
Remove			
5) Change	<u></u>	-	
Add			
Remove			
6) Change			
Add			
Remove			

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

701L -	3-46	AUGUSI 28, 2017	:C - 4b 4b 4b -
	this document was	ndment(s) adoption: signed.	, if other than the
Effe	ctive date <u>if appli</u>		
		(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will not ate on the Department of State's records.	be listed as the
Ado	ption of Amendm	ent(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient) was/were adopted by the members and the number of votes cast for the amendment(s) at for approval.	
	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	SEPTEMBER 28, 2017	
	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)	
		SANDRA L. WILSON	
		(Typed or printed name of person signing)	
		TREASURER	
		(Title of person signing)	