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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ST LUCIE	FALLS	PROPERT	Y OWNERS	ASSOCIATION	) /NC
DOCUMENT NUMBER:	755129					
The enclosed Articles of Amendo	nent and fee are subm	itted for filing.				
Please return all correspondence	concerning this matter	to the following	:			
HARGARET BA	LDINO, LCAI	Ч				
	(	Name of Contac	t Person)			
ST LUGE FALL	S PROPERT	Y OWNE	RS ASSOC	IATION INC	<u>`</u>	
		(Firm/ Comp	any)			
9000 SW PEN	JNSYLVAN	NA AVF				
7000		(Address	)			
STUART, FL	34997					
<u> </u>	(	City/ State and Z	Zip Code)			
margret es	Ifpoa.com	castbiz	net			
E-mai	l address: (to be used	for future annual	report notification)			
For further information concerning	ng this matter, please c	call:				
HARGARET BAL	DINO		a 172	221-1015		
(Nar	me of Contact Person)		(Area Code)	(Daytime Telephone N	dumber)	
Enclosed is a check for the follow	ving amount made pay	able to the Flori	da Department of S	tate:		
□ \$35 Filing Fee	\$43.75 Filing Fee & 【 Certificate of Status		Certific py is Certific	Filing Fee gate of Status ed Copy onal Copy is sed)		
Mailing Addr			Street Address			
Amendment So Division of Co			Amendment Section Division of Corpor			
P.O. Box 6327 Tallahassee, Fl	•		Clifton Building 2661 Executive Co	enter Circle		
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Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## FILED

	ot		2010 CEO
ST LUCIE FALLS PROPERTY (Name of Corporation as curren	DWDERS	ASSOCI	VATIOSS 27人間10:51
ST LUCIE FALLS PROPERTY (Name of Corporation as currently 1755 / 6	ntly filed with th	Florida Dept.	of State TARY HE STATE
755 lá	39		IALLAHASSEE, FL
	ber of Corporation	ı (if known)	
Pursuant to the provisions of section 617,1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida N</i>	ot For Profit Co	orporation adopts the following
A. If amending name, enter the new name of the corpora	tion:		
<i>D</i> /A			The new
name must be distinguishable and contain the word "corpora	ition" or "incorp	orated" or the a	bbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	. 1	.0	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	)   D	<del>/1</del>	
	_		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/t	7	
	•		
D. If amending the registered agent and/or registered off	ice address in Flo	rids enter the	name of the
new registered agent and/or the new registered office		Trau, circ. tile	Hume of the
Name of New Registered Agent:	D/A		
		(Florida street c	uldress)
New Registered Office Address:			
			, Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo		accept the obliga	tions of the position.
	N/A		
	Signature of New	Registered Agen	t, 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: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) 🗶 Change	PT	LEN DINKIN	9000 SW PENNSYLVANIA AVI
Add			STUART, FL 34997
Remove  2) X Change	Ŋ	CHARLES DE ANDREA	9000 SUO PENDSYLVANIA AVE
Add	<u>-i</u> -		STUART, FL 34997
Remove			
3 ) Change			
Add			
4) Change			
Add			
5) Change			<del></del>
Add			
Remove			
6) Change	<u> </u>		<del></del>
Add			
Remove			

If amending or adding additional Articles, (attach additional sheets, if necessary). (But a sheet shee	, enter change(s) e specific)	<u>here</u> :	
N/A			
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The date of each amendment(s) ad date this document was signed.	option: <u>SEPTEMBER</u> 4, 2018	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requireme partment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the	ne amendment(s)
☐ There are no members or members adopted by the board of directors	pers entitled to vote on the amendment(s). The amendment ors.	nt(s) was/were
Dated		
Signature	Jen 1	
have not be	unan or vice chairman of the poard, president or other office is selected by an incorporator – if in the hands of a recei-appointed fiduciary by that fiduciary)	
	LEN DINKIN	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT BOD (Title of person signing)	
	(Title of person signing)	