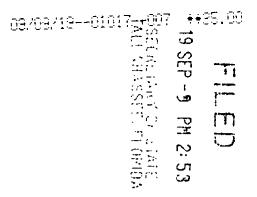
# 755/43

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

Woodlake G NAME OF CORPORATION:	arden Patio Homes Home	eowner's Ass	ociation, Inc.
755143 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee a	are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
Susan Needham			
	(Name of Contact Pe	erson)	
Woodlake Garden Patio Homeowner's Ass	sociation, Inc.		
	(Firm/ Company	<i>(</i> )	
P.O. Box 3806			
	(Address)		
Lakeland, FL 33802			
	(City/ State and Zip	Code)	<del>-</del>
SLNCAT@MSN.COM			
E-mail address: (to	be used for future annual rep	ort notificatio	n)
For further information concerning this matter,	please call:		
Susan Needham	at	863	646-5601
(Name of Contact			(Daytime Telephone Number)
Enclosed is a check for the following amount r	nade payable to the Florida I	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	Fee & S43.75 Filing Fee Status Certified Copy (Additional copy is enclosed)	Certii s Certii (Addi	i0 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section		reet Address	ion
Division of Corporations P.O. Box 6327	Div	vision of Corp fton Building	

266) Executive Center Circle Tallahassee, FL 32301

## -17) -----

### Articles of Amendment to Articles of Incorporation

Woodlake Garden Patio Homeowner's Associ	stice lec	of					
(Name of Corporation			the Florida Dept.	of State)			
755143			,	<del></del> ,			
(Docur	nent Numł	per of Corporat	tion (if known)				
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statut	es, this <i>Florida</i>	a Not For Profit Co	orporation adop	ts the foll	owing	
A. If amending name, enter the new name of the	: corporat	ion:					
N/A					Th	e new	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam			orporated" or the a	bbreviation "Co			
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		N/A )					
					200 200	19	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A			Mark Street	SEP-B FH	
D. If amending the registered agent and/or reginew registered agent and/or the new register			Florida, enter the	name of the	- <del>18</del>	2: 53	
Name of New Registered Agent:	Karen B	ryan					
	3448 W	nitman Drive					
Now Productional Office Advance			(Florida street c	address)	<del>-</del>		
<u>New Registered Office Address:</u>	<u>s</u> : Lakeland			33803 Florida			
		(City)	·	(Zip Cod	(Zip Code)		
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen		Agent:	d accept the obliga				

Karen Bryan
Signature of New Registered Sygent, 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>	<u>i Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P.	Gillian Guy	1540 Mariner Road
Add			Lakeland, FL 33803
X Remove			
2) Change	P	Karen Bryan	3448 Whitman Drive
X Add			Lakeland, FL 33803
Remove			19 SEI
3) Change			P
Add			
Remove			1 2 53 50 Pig.
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional sheets, if necessary). (Be specific)	
N/A	
	<del>.</del>
<del></del>	···
· · · · · · · · · · · · · · · · · · ·	
	## P - P - T
	M 2:53
	53 8004
	<del></del>
· · · · · · · · · · · · · · · · · · ·	
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l'he	date of each amer	July 25, 2019 idment(s) adoption:	_, if other than the
	this document was	· · · · · · · · · · · · · · · · · · ·	
Iffe	ctive date <u>if appli</u> c	July 25, 2019	
		(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 bute on the Department of State's records.	pe listed as the
۱do	ption of Amendm	ent(s) ( <u>CHECK ONE</u> )	
	The amendment(s) was/were sufficien	was/were adopted by the members and the number of votes cast for the amendment(s) t 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 5, 2019	
	Signature	Skula Corso	_
		(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)	
		Sheila Corso	
		(Typed or printed name of person signing)	19 SE
		Vice President	
		(Title of person signing)	ED PM 2:
		<u> </u>	C)