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COVER LETTER

TO: Améndment Section Division of Corporations

NAME OF CORPORATION:	LLAGE HOMEOWNER	S ASSOCIATI	ON, INC.
755344 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are			
Please return all correspondence concerning this r	natter to the following:		
SANDRA BERRIOS			
	(Name of Contact P	erson)	
RELIABLE PROPERTY MANAGEMENT SER	VICES, INC.		
	(Firm/ Compan	y)	
17680 MW 78TH AVE SUITE 103			
	(Address)		
HIALEAH, FL 33015			
	(City/ State and Zip	Code)	<u>-</u>
sandra@goreliabe.net			
E-mail address: (to be	used for future annual re	port notification	1)
For further information concerning this matter, ple	ease call;		
SANDRA BERRIOS	at		364-8941
(Name of Contact Pe		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount mad	le payable to the Florida	Department of	State:
	tus Certified Copy	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)	
Mailing Address Amendment Section		reet Address mendment Secti	ion

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

COUNTRY VILLAGE HOMEOWNERS ASSOCIATION, INC.

(Name of Comments)	
755344	ntly filed with the Florida Dept. of State)
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statul amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:
name must be distinguishable and contain the word "corpore "Company" or "Co." may not be used in the name.	The new sition" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	D
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	AHAS:
	SEC. 39 E
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street oddress)
	(Cuy) / (Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fair	Agent: miliar with and accept the obligations of the position
	
Ŋ	ignature 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 ddditional 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>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P/D	DUNBAR, CARLIE	17680 NW 78TH AVE SUITE 103
Add			HIALEAH, FL 33015
Remove			
2) X Change	V/P	FRANKLIN, SHARON	17680 NW 78TH AVE SUITE 103
Add			HIALEAH, FL 33015
Remove 3) Change	T/D	WILCOX, DANIEL	17680 NW 78TH AVE SUITE 103
Add			HIALEAH, FL 33015
Remove			
4) X Change	S/D	DEANGULO, VIRGINIA	17680 NW 78TH AVE SUITE 103
Add			HIALEAH, FL 33015
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Articles, enter change(s) here: attach additional sheets, if necessary) (Be specific)	
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The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this block does not meet the applicable statutory fill locument's effective date on the Department of State's records	ing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the members and the number of vowas/were sufficient for approval.	otes cast for the amendment(s)
There are no members or members entitled to vote on the amendment(s). Tadopted by the board of directors.	The amendment(s) was/were
Dated 8/6/2018	
Signature Carbi Chila- is po	resident
(By the chairman or vice chairman of the board, presider	nt or other officer-if directors
have not been selected, by an incorporator – if in the ha other court appointed fiduciary by that fiduciary)	nds of a receiver, trustee, or
Carlie Dunbar	
(Typed or printed name of pe	erson signing)
Preside	nt '
(Title of person s	igning)