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## COVER LETTER

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

•		COVER LETT	<u>ER</u>		
TO: Amendment Section Division of Corporation	s			A)	No. of the last of
CHAPEL TRAIL OWNERS ASSOCIATION, INC.				<b>4</b>	
DOCUMENT NUMBER: _	CUMENT NUMBER:				
The enclosed Articles of Am	endment and fee are subs	nitted for filing.			
Please return all corresponde	nce concerning this matte	r to the following:			
		YANILKA J. DII	PP		
		(Name of Contact P	'erson)		_
	ASSOCI	ATION SPECIALT	Y GROUP, LL	C	
		(Firm/ Compan	y)		_
	90	)50 PINES BLVD	SUITE 480		
		(Address)			_
	PE	MBROKE PINES, I	FL 33024		
		(City/ State and Zip	Code)		
	YI	DIPP@ASGFLORII	DA.COM		
E-	mail address; (to be used	for future annual re	port notification	)	_
For further information conce	erning this matter, please	call:			
	YANILKA DIPP		(954)	458-5557 EXT. 246	
(	Name of Contact Person	a1 )	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the fe	ollowing amount made pag	yable to the Florida	Department of S	State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certifi is Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address  Amendment Section			reet Address	on	

Division of Corporations

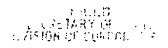
2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## Articles of Amendment to

# Articles of Incorporation

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2018 AUG 24 AM 11: 65

## CHAPEL TRAIL OWNERS ASSOCIATION, INC.

(Name of Corporation a	as currently filed with the Florida Dept. of State)
	759981
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florid amendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the c	corporation:
	The new
name must be distinguishable and contain the word ' "Company" or "Co." may not be used in the name.	"corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	OX)
D. If amending the registered agent and/or registonew registered agent and/or the new registered	ered office address in Florida, enter the name of the d office address:
Name of New Registered Agent;	Law Offices of David M. Bauman, PLLC.
	6550 North Federal Highway - Suite 220
<u>New Registered Office Address</u> :	(Florida street address)
! 	Ft. Lauderdale, Florida33308
	(City) (Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	I am familiar with and decept the obligations of the position.
X	Signature of Nove 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 raddress 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	V Mik	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	WILSON, TROY	C/O ASSOC. SPECIALTY GROUP
Add			9050 PINES BLVD, SUITE 480
X Remove			PEMBROKE PINES, FL 33024
2) Change	т	RIVERO, HUMBERTO	C/O ASSOC. SPECIALTY GROUL
Add			9050 PINES BLVD, SUITE 480
X Remove			PEMBROKE PINES, FL 33024
3 ) Change	D	MORALES, VICTOR	C/O ASSOC. SPECIALTY GROUI
Add			9050 PINES BLVD, SUITE 480
X Remove			PEMBROKE PINES, FL 33024
4) Change	2nd VP	GROSSMAN, NORMA	C/O ASSOC. SPECIALTY GROUI
X Add			9050 PINES BLVD. SUITE 480
Remove			PEMBROKE PINES, FL 33024
5) Change	D	RODRIGUEZ, JULIA	C/O ASSOC. SPECIALTY GROUI
X Add			9050 PINES BLVD, SUITE 480
Remove			PEMBROKE PINES, FL 33024
6) Change	D	AVRAM, PETER	C/O ASSOC. SPECIALTY GROUI
X Add			9050 PINES BLVD, SUITE 480
Remove			PEMBROKE PINES, FL 33024

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

Continue from previous page.....

7)	Χ	Change	P	VENTURA, FELIPE	C/O ASSOC. SPECIALTY GROUP
					9050 PINES BLVD, SUITE 480
-					PEMBROKE PINES, FL 33024
8)	X	Change	1st VP / T	GEYSELAERS, JAN	C/O ASSOC. SPECIALTY GROUP
		-			9050 PINES BLVD, SUITE 480
					PEMBROKE PINES, FL 33024
y)	Х	Change	D	TERRERO, JACQUELINE	C/O ASSOC. SPECIALTY GROUP
	_		<u> </u>		9050 PINES BLVD, SUITE 480
				-	PEMBROKE PINES, FL 33024
			<del></del>		
		-			
			<del>_</del> .		
					<u> </u>

The date of each amendment(s)	adoption:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the I	clock does not meet the applicable statutory filing requirements, this date we department of State's records.	ill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes east for the amendment(s val.	;)
There are no members or me adopted by the board of dire	inbers entitled to vote on the amendment(s). The amendment(s) was/were stors.	
Dated	6/4//	
Signature	A F	
	nirman or vice chairman of the board, president or other officer-if directors	
	been selected, by an incorporator — if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	Felipe Verto  (Typed or printed name of person signing)	
	focsido	
	(Title of person signing)	