767040						
(Requestor's Name) (Address) (Address)	800321027018					
(City/State/Zip/Phone #)	11/26/1801009023 ** 35.00					
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:						
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TO: Amendment Section Division of Corporations	
	LAS OWNERS ASSOCIATION, INC.
767040 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub	
Please return all correspondence concerning this matt	er to the following:
NOELLE LUACES	
	(Name of Contact Person)
N/4	
/	(Firm/ Company)
P.O. BOX 185	
	(Address)
LAND O LAKES, FLORIDA 34639	
	(City/ State and Zip Code)
MUCHADO.ABOUTNOTHING@VERIZON.NET	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
NOELLE LUACES	813 975-8686
(Name of Contact Person) at (Area Code) (Daytime Telephone Numb
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee &\$52.50 Filing FeeCertified CopyCertificate of Status(Additional copy is enclosed)Certified Copy(Additional Copy is Enclosed)Enclosed)
<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

COVER LETTER

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		s of Amendment to of Incorporation of	FIL	ED
CREEKWOOD VILLAS OWNERS ASSOCIATE	ON, INC.		2018 NOV 26	PM 3:55
(Name of Corporation	as curren	tly filed with the Flo	rida Depi. of Stat	e)
767040			TALLAHAS	SEE, FL
(Docur	ment Numb	er of Corporation (if k	(nown)	
Pursuant to the provisions of section 617.1006. Flo amendment(s) to its Articles of Incorporation:			or Profit Corporati	ion adopts the following
A. If amending name, enter the new name of the	e corporati	<u>on:</u>		
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	•	ion" or "incorporate	d" or the abbrevia	The new tion "Corp." or "Inc."
B. Enter new principal office address, if applica	able:	115 NW 34TH STR	EET	
<i>Principal office address <u>MUST BE A STREET ADDRESS</u></i>		GAINESVILLE, FL	ORIDA 32607	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)	P.O. BOX 185		
		LAND O LAKES, F	LORIDA 34639	
D. <u>If amending the registered agent and/or regi</u> new registered agent and/or the new registered agent: <u>Name of New Registered Agent</u> :		ldress:	, enter the name o	<u>f the</u>
	115 NW 3	4TH STREET		
<u>New Registered Office Address:</u>		(F	lorida street address)	
	GAINESV	/ILLE	, Fl	orida
	_	(City)	(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen			the obligations of	the position.

Signature of New Registered Agent, if changing

Page 1 of 4

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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>V</u> <u>Mik</u>	<u>1 Doe</u> e Jones y Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change	Р	VAN GELLER	3654 HADFIELD DRIVE
Add Remove			MARIETTA, GEORGIA 30062
2) X Change	P	RENE' LUACES	P.O. BOX 185
Add			LAND O LAKES, FLORIDA 3463
Remove	Т	MATT GELLER	3654 HADFIELD DRIVE
Add XRemove			MARIETTA, GEORGIA 30062
4) Change	Т	JULIE ENGELIEN	3825 MICHAELS LANDING CIR
X Add	<u> </u>		JACKSONVILLE, FLORIDA 322:
5) Change	v	ALEC LUACES	115 NW 34TH STREET
XAdd			GAINESVILLE, FLORIDA 32607
Remove			
6) Change			
Add			
Remove		Page 2 of 4	

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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N/4 - ---------_____ ____

	OCTOBER 5, 2018	
Th	he date of each amendment(s) adoption:, i	f other than the
•	te this document was signed.	
Eff	OCTOBER 5, 2018 ffective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li be unnert's effective date on the Department of State's records.	sted as the
Ad	doption of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	OCTOBER 5, 2018	

Signature (A/ Willighilace)

(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)

NOELLE LUACES

(Typed or printed name of person signing)

DIRECTOR & SECRETARY

(Title of person signing)