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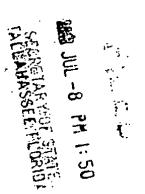
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17. [3 2.]

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Sky lee	Pines Hor	MEOWNERS ASSOCIATION INC.			
DOCUMENT NUMBER: 770 509					
The enclosed Articles of Amendment and fee are submit	ted for filing.				
Please return all correspondence concerning this matter to	o the following:				
John MATTHE	EW5	0			
	lame of Contact Perso	on) Mag			
	(Firm/ Company)	20.7			
2412 85H	St NW				
BRADENTON FO	,	? 1			
(C	ity/ State and Zip Coo	de)			
Juha MATTHEWS E-mail address: (to be used fo	73 D Sm	notification)			
For further information concerning this matter, please cal	II:				
JOHN MATTHEWS (Name of Contact Person)	atat	941 - 284 - 3384 (Daytime Telephone Number)			
Enclosed is a check for the following amount made payal	ble to the Florida Dep	partment of State:			
	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)			
Mailing Address		Address			
Amendment Section Division of Corporations	Amendment Section Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314		Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

Skyler Pines H	UM YUM JERI	ASSOCIATION, Inc.
(Name of Corporation as curren		
770509		
	er of Corporation (if know	wn)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For F</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	<u>on:</u>	
name must be distinguishable and contain the word "corporat	ion" or "incorporated"	or the abbreviation "Corp."Inc.
"Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable:	2412 85	TON FL 34209
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	BRADEN	TON R 34209
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2412 85+	St NW n FL 34208
D. If a supplies the supplies of the supplies		
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a		ter the name of the
Name of New Registered Agent: J6	MATTHE	
24	12 85 th S+ 1	lώ
New Registered Office Address:	(Floria	la street address)
7	RADENTON	, Florida 34205
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent. Them far		obligations of the position.
Si	gnature of New Registere	ed 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 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	\underline{V} \underline{N}	ohn Doc like Jones ally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
1) Change Add Remove	D	<u>John</u>	Matthews	2412 8th St. NW Bradenton Fl 34309
2) Change Add				
Remove 3) Change Add				
Remove 4) Change Add				
Remove 5) Change Add				
Remove 6) Change				
Add				

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