

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION | | O AT WELLEBY | CONDOMINI | UM ASSOCIATION, INC. |
|---------------------------------|--|--|--------------------|--|
| 77 DOCUMENT NUMBER: | 70832 | | | |
| | · | | | |
| The enclosed Articles of Amer | idment and fee are submi | itted for filing. | | |
| Please return all corresponden | ce concerning this matter | to the following: | | |
| JAMES CALDERAZZO | | | | |
| | (| Name of Contact Pe | rson) | |
| C/0 J & L PROPERTY MGM | T. INC. | | | |
| | | (Firm/ Company | ·) | |
| 10191 W SAMPLE RD # 203 | | | | |
| | | (Address) | - | |
| CORAL SPRINGS, FL 3306 | 5 | | | |
| | (1 | City/ State and Zip (| Code) | |
| MINDY@JLPROPERTYMO | мт.сом | | | |
| E-r | nail address: (to be used t | or future annual rep | ort notification | |
| For further information concer | ming this matter, please c | alt: | | |
| THELMA QUIROA-GARCI | A | at | 954 | 753-7966 x 108 |
| (1) | Name of Contact Person) | | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the fol | lowing amount made pay | able to the Florida I | Department of S | State: |
| ☐ \$35 Filing Fee | ■\$43.75 Filing Fee & □ Certificate of Status | □\$43.75 Filing Fee Certified Copy (Additional copy i enclosed) | Certif s Certif | 0 Filing Fee icate of Status ied Copy tional Copy is osed) |

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 10, 2017

JAMES CADERAZZO 10191 W SAMPLE RD #203 CORAL SPRINGS, FL 33065

SUBJECT: WINDING LAKE TWO CONDOMINIUMS ASSOCIATION, INC.

Ref. Number: 770832

We have received your document for WINDING LAKE TWO CONDOMINIUMS ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 117A00013888

Rebekah White Regulatory Specialist II

Articles of Amendment Articles of Incorporation of

| • | -7 | • | _ | | | - |
|---|----|---|---|---|---|---|
| | • | | | (| • | 1 |

| WINDING LAKE TWO CONDOMINIUMS ASSOCIATIO | N, INC. | · |
|--|---|--|
| (Name of Corporation as curren | tly filed with the Flo | orida Dept. of State) |
| 770832 | | |
| (Document Numb | er of Corporation (if | known) |
| Pursuant to the provisions of section 617.1006, Florida Statuto amendment(s) to its Articles of Incorporation: | es, this <i>Florida Not F</i> | or Profit Corparation adopts the following |
| A. If amending name, enter the new name of the corporat | ion: | |
| WINDING LAKE TWO AT WELLEBY CONDOMINIUM | ASSOCIATION, INC | The new |
| name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name. | tion" or "incorporate | |
| B. Enter new principal office address, if applicable: | N/A | |
| (Principal office address MUST BE A STREET ADDRESS |) | |
| | | |
| | | |
| C. Enter new mailing address, if applicable: | 21/4 | |
| (Mailing address MAY BE A POST OFFICE BOX) | N/A ———————————————————————————————————— | |
| | | |
| | | |
| | | |
| D. If amending the registered agent and/or registered offi | | a, enter the name of the |
| new registered agent and/or the new registered office a | <u>iddress:</u> | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | (| Florida street address) |
| The way of the state of the sta | | |
| | (City) | Florida (Zip Code) |
| | • | |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for | | of the obligations of the position |
| i neren, accept me appointment as regimered agent. I am jo | minu and accep | a the wingament of the position. |
| | | |
| | signature of New Regi | istered 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 <math>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>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | | |
|-----------------------------------|------------------------------------|---------------------------------------|-------------|----------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | | Address |
| 1) Change | | N/A | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove | | | | |
| | _ | | | |
| , Add | | _ | | <u> </u> |
| Remove | | | | |
| | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Chanca | | | | |
| 5) Change | | ·- | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| (attach additional sheets, if necessary). (Be specific) THE FEDERAL IDENTIFICATION NUMBER NEEDS TO BE CORRECTED AS WELL, IRS RECORDS SHOW | | | | |
|--|---|--|--|--|
| | | | | |
| WE ARE REQUESTING | FOR THAT INFORMATION TO ALSO BE UPDATED IN YOUR WEBSITE | | | |
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| 51 | N/A | , if other than the |
|---|---|--|
| The dare of each amendment(s) ado date this document was signed. | ption: | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| | | |
| Note: If the date inserted in this block locument's effective date on the Department. | c does not meet the applicable statutory filing requirement artment of State's records. | s, this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were ado was/were sufficient for approval. | pted by the members and the number of votes cast for the | amendment(s) |
| There are no members or members adopted by the board of director | ers entitled to vote on the amendment(s). The amendment(s). | s) was/were |
| Dated | June 19, 2017 | |
| Signature | | |
| have not been other court ap | nan or vice chairmen of the board, president or other office a selected, by an incorporator – if in the hands of a receive oppointed fiduciary by that fiduciary) | r, trustee, or |
| Jan | nos Calderazzo | |
| | (Typed or printed name of person signing) | |
| Max | maging Agent (Title of person signing) | |