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Section 2

## **COVER LETTER**

TO: Amendment Section . **Division of Corporations** 

Blue Heron Golf & Country Club Homeowners Association, Inc.  AME OF CORPORATION:	
N00000003225 OCUMENT NUMBER:	
he enclosed Articles of Amendment and fee are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
aura Munson	
(Name of Contact Person)	
ims Munson Certificed Public Accountants	
(Firm/ Company)	
19 N. Parrott Avenue	
(Address)	
Okeechobee, FL 34972	
(City/ State and Zip Code)	
.aura@simsmunsoncpa.com	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
aura Sims 863 467-3000 at	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
inclosed is a check for the following amount made payable to the Florida Department of State:	
■ \$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is Enclosed)	

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

## Articles of Amendment to Articles of Incorporation of

FILED

16 AUG 22 PH 12: 44

Blue Heron Golf & country Club Homeowners Assoc		SECRETARY OF STATE
(Name of Corporation as	currently filed with the Flori	da Depto of State)
N00000003225		
(Documen	t Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	orporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	
D. <u>If amending the registered agent and/or register</u>		enter the name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent:		
— New <u>Registered Office Address</u> :	(Flo	orida street address)
New Registered Office Address.		
_		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		the obligations of the position.
	Signature of New Pegint	ared 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	PT John I V Mike I SV Sally S	<u>Iones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DIR	Lois E. Warner	1020 SE 21st Street
Add _X _Remove			Okeechobee, FL 34974
2) Change	DIR	Henerietta Jankowski	920 SE 23rd Street
X Add			Okeechobee, FL 34974
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding add tach additional sheets, if	litional Articles, enter necessary). (Be specia	<u>change(s) here</u> : fic)	
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Th	e date of each amendment(s) adoption:	_, if other than the
date	e this document was signed.	
Eff	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not sument's effective date on the Department of State's records.	be listed as the
Ad	option of Amendment(s) (CHECK ONE)	
	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.	
	Dated August 12, 2016	
	Signature	_
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	John Munson	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	