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## COVER LETTER

TO: Amendment Section Division of Corporations 17

AME OF CORPORATION: <u>OAK MonT</u>	HOMECWNERS ASSOCIATION OF TAILLHASSEE, INC
DOCUMENT NUMBER:	3558
The enclosed Articles of Amendment and fee are su	ibmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
GERARA A. O'CONN	(Name of Contact Person)
OAKMONT HEMEOUNERS	Association of TAllahassee, INC
6121 NW 19th PLACE	
	(Address)
GAINES U. Ile FLA 32	2605 - 3247 (City/ State and Zip Code)
9 CCENNOR 2 Catt. 1 E-mail address: (to be us	vet sed for future annual report notification)
For further information concerning this matter, plea	ise call:
GERARD A O'CONNER (Name of Contact Pers	at 352 - 226 - /337 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	
S35 Filing Fee □\$43.75 Filing Fee Certificate of State	& S43.75 Filing Fee & S52.50 Filing Fee as Certified Copy Certificate of Status (Additional copy is enclosed) (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

OAK MORT HOMEOWNERS ASSOCIATION OF TAMBLESSEE, ICC.  (Name of Corporation as currently filed with the Florida Dept. of State)
(Name of Corporation as currently filed with the Florida Dept, of State)
N 000 0000 3558
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006. Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co," may not be used in the name.
B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  TAMAR ASSEE, FLA 32301
TAMAKASSEE, FLA 32301
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent: GERKAD A. O'CONNOR
Name of New Registered Agent: GERKAD A. O'CONNOR  6121 NW 19th PLACE
New Registered Office Address:
GAINELV./le . Florida 32605 - 324
$\frac{GA \mid v \in (v, l)e}{(City)} \qquad \qquad \text{Florida}  \frac{32605 - 324}{(Zip Code)}$
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
And Atlanon B
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: X Change X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>PD</u>	HAMPSON JAMES E	903 HAYS ST TALLAKASSEE FLA 32301
2) _X_ Change Add	PD	THEMMELL Rebeat	907 HAYS ST TALLALASSEE FLA 32301
Remove 3 )ChangeAdd			
4) Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

amending or adding ach additional sheet	s, if necessary)	(Be specif	îc)					
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The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, locument's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the arwas/were sufficient for approval.	nendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) adopted by the board of directors.	was/were
Dated /= & & & & & & & & & & & & & & & & & &	
Signature Al Holom	
(By the chairman or vice chairman of the board, president or other officer- have not been selected, by an incorporator – if in the hands of a receiver, other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
TD	
(Title of person signing)	