## NDDDDDD5165

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



000319802870

10/19/18--01023--024 \*\*35.00

FILEU 2018 OCT 19 TH 12: 83

Amand

OCT 2 9 2018

I ALBRITTON

## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** Melear God B Homeveners Association, Inc N000000 5165 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: dominion Concepts Maragement unerto Road Ste 1240 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: onne Plathi at 561-869-4136 (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to
Articles of Incorporation

\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of			
Melear Lod & Hear	Permant Association O			
(Name of Corporation as curre	ently filed with the Florida Dept. of State)			
11000000000	10 ×			
— Document Num	hber of Corporation (if known)			
	•			
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ates, this Florida Not For Profit Corporation adopts the following			
A. If amending name, enter the new name of the corpora	ution:			
	771			
name must be distinguishable and contain the word "corpore" "Company" or "Co." may not be used in the name.	The new ration" or "incorporated" or the abbreviation "Corp." or "Inc."			
B. Enter new principal office address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS				
C. Enter new mailing address, if applicable:	影ると			
(Mailing address MAY BE A POST OFFICE BOX)				
	<b></b>			
D. If amending the registered agent and/or registered off				
new registered agent and/or the new registered office	address:			
Name of New Registered Agent:				
<del></del>	(Florida street address)			
New Registered Office Address:				
	, Florida			
	(City) (Zip Code)			
New Registered Agent's Signature, if changing Registered	1 Agent:			
I hereby accept the appointment as registered agent. I am fa	amiliar with and accept the obligations of the position.			
Signature of New Registered 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.

Trine Correst, Fus Itemove	c, and butty billin	, or as an riad.	
Example: X Change X Remove X Add	PT John E V Mike J SV Sally S	<u>lones</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
Change Add	D	Wayne Segal	C/o Condiminum Concepts Mail 1301 Junato Road Ste 1200 bier Ratin, Fr 3343
Remove			
2) Change	1	Affredo Mercadi	C/o Condominum Grepts M. 301 yawato Road Ste 124 Bica Ratin, Pl 33 434
Remove			Bica Ratin, PL 33 43
3) Change Add	<del></del>		
Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change Add			<del></del>
Remove			

attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
<del></del>	
<u>.                                    </u>	
<del>_</del>	

The date of each amendment(s) adoption date this document was signed.	n: Alfbold	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will no nt of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted l was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	
There are no members or members ent adopted by the board of directors.	titled to vote on the amendment(s). The amendment(s) was/were	
Dated	130/18	
Signature	n Wul	
(By the chairman or	vice chairman of the board, president or other officer-if directors	
	eted, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	
<u> </u>	m Wieder	
, ,	(Typed or printed name of person signing)	
	Pies, L	

(Title of person signing)