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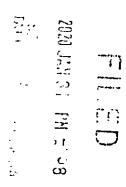
(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Blue Mountain Beach Community Association,
DOCUMENT NUMBER: NO000006880
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tim Stewart (Name of Contact Person)
Blue Mountain Beach Community Association, Inc. (Firm/ Company)
PO Box 1042, Santa Cosa Beach, F1 32459
Santa Rosa Beach, F1 32459 (City/ State and Zip Code)
BM3CA C BMBCA. DCG E-mail address! (to be used for tuture annual report notification)
For further information concerning this matter, please call:
Tim Stewart 217-836-7168
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status
Mailing Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

to

Articles of Incorporation of

Rlue Mountain Beach	Community Association
(Name of Corporation as current	tly filed with the Florida Dept. of State)
$N\rho n n n n n$	6880
	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
NIA	The new
	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	540 Blue Mourtain Rd Santa Rosa Beach, F1 32459
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	No change
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the
new registered agent and/or the new registered office a	
Name of New Registered Agent: Tim	Stewart = = =
640	Blue Mountain Ra En co (Florida street address)
New Registered Office Address:	
Santa	Posa Beach, Florida 32459 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	
X Tim	Shewart gnature 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.

Example: X Change X Remove X Add		Doe 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	Pusidat	Johndra Culp	52B, Fl 32459
2) Change Add Remove	VP_	Kurt Tape	
3) Change Add Remove	Sec/Trasu	re Dan Mueller	
4) Change Add Remove	President	Tim Stewart	Soute Rosa Beach, F132459
5) Change Add Remove	VP_	Jim Smallwood	JIB Blue Lake Rd Santa Rosa Beach, F1 32459
6) Change	Sec French	re Jeanette Alfere	5986 Machoohee Trail Flowery Brunch, Ga 30542
Remove		Page 2 of 4	

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)		
N/A			
<i></i>			
		-	
			·
			
			
		 .	
			·
			

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	ı
Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	nents, 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 twas/were sufficient for approval.	the amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment adopted by the board of directors.	ent(s) was/were
Dated 1/26/20 ASignature Tim Stewart	
Signature Tim Stewart	
(By the chairman or vice chairman of the board, president or other off have not been selected, by an incorporator – if in the hands of a rece other court appointed fiduciary by that fiduciary)	
TIM STEWART (Typed or printed name of person signing	<u>y)</u>
PRESIDENT (Title of person signing)	

Υ

X