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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations

The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Rachel Mayer (Name of Contact Person) (Firm/ Company) 14401 Waterchase Blvd (Address) Tampa, F-C 33678 (City/ State and Zip Code) Rachel D waterchase (am E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rachel D waterchase (am (Name of Contact Person) (Area Code & Daytine Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$\begin{align*} \text{\$135 Filing Fee} & \B43.75 Filing Fee & \B43.75 Filing Fe	NAME OF CORPORATION: Wester Chuse Mus er Property owner Association
Please return all correspondence concerning this matter to the following: Rachel Mayer (Name of Contact Person) Uniter Chase Blod (Address) Tampa, I=C 33676 (City/ State and Zip Code) Rachel D waterchase (City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rachel Mayer (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: [\$\P\$\$ \$35 Filing Fee \$ \$43.75 Filing Fee & \$\P\$\$ \$43.75 Filing Fee & \$\P\$\$ Certificate of Status Certificate of Status Certificate Copy [\$\P\$ \$25.50 Filing Fee Certificate of Status Certificate Copy	DOCUMENT NUMBER: 1010000 4205
(Name of Contact Person) Waterchase Master PDA (Firm/ Company) 14401 Waterchase Blvd (Address) Tampa, I=C 33676 (City/ State and Zip Code) Rachel D waterchase (an) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rachel Mayer (Name of Contact Person) at (8/3) 926 39 79 54779 (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: Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate Copy (Additional copy is Certificate Of Sy	The enclosed Articles of Amendment and fee are submitted for filing.
(Name of Contact Person) Leaterchase Master Dod (Firm/ Company) 14401 Waterchase Blvd (Address) Tampa, I=C 33474 (City/ State and Zip Code) Rackel D waterchase (an) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rackel Mayer (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: L \$35 Filing Fee \$ \$43.75 Filing Fee & \$43.75 Filing Fee & \$252.50 Filing Fee Certificate of Status (Additional copy is Certificed Copy (Additional copy is Certified Copy)	Please return all correspondence concerning this matter to the following:
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(Address) Tampa, I=C 33676 (City/ State and Zip Code) Rachel Dwolechase (an) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rachel Mayer (Name of Contact Person) at (8/3) 926 3979 57774 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$\begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Ivalite of Contact Leison)
(City/ State and Zip Code) Rachel D waterhase (and E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rachel Mayer at (8/3) 924 3979 5474 (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: \$\begin{align*} 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Firm/Company)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rackel Mayer	14401 Waterchase Blud (Address)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rackel Mayer	Tampa, 1=C 33676
For further information concerning this matter, please call: Racket Mayer	
For further information concerning this matter, please call: Racket Mayer	Rachel Dwaterchase (an)
Rackel May 1 at (8/3) 924 3979 5779 (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: [2] \$35 Filing Fee \$ \$43.75 Filing Fee & \$ \$43.75 Filing Fee & Certificate of Status (Additional copy is Certified Copy	
Enclosed is a check for the following amount made payable to the Florida Department of State: \$\sum_{\text{\$\}\$\$}	For further information concerning this matter, please call:
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Enclosed) Enclosed)	Certificate of Status (Additional copy is certified Copy enclosed) Certificate of Status Certified Copy (Additional Copy is

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

Waterchase N (Name of Corporation as currently	laster	Property	Owner 5	A5850C	, Inc.
	<u> </u>				
NO166000 4	×05	Corporation (if known)			
(Docu	ment Number of	Corporation (if known)			
Pursuant to the provisions of section 617.16 amendment(s) to its Articles of Incorporation		utes, this <i>Florida Not Fo</i>	r Profit Corporation	adopts the following	ıg
A. If amending name, enter the new name		KILA		The nev	u.
name must be distinguishable and contain	he word "corpo	ration" or "incorporated	l" or the abbreviation	"Corp." or "Inc."	13
"Company" or "Co." may not be used in t	he name.	. 1/4			
B. Enter new principal office address, if	applicable:	-NA			
(Principal office address MUST BE A ST	<u>REET ADDRES.</u>	<u>s</u>) ,			JV
				 *	1510 51 01
				9	물중 요커
C. Enter new mailing address, if applica	ıble:			-	ARY L
(Mailing address <u>MAY BE A POST O</u>	FFICE BOX)				399C
				<u></u>	S TA
				<u></u>	TIOI TE
					5
D. If amending the registered agent and			enter the name of th	<u>ie</u>	
new registered agent and/or the new	registered office	address:	0.1/1	n	
Name of New Registered Agent:				F	
· · · · · · · · · · · · · · · · · · ·		(Florida street address)			
New Registered Office Address:					
-			, Florida		
	(Cit)	ν)		(Zip Code)	
New Registered Agent's Signature, if cha I hereby accept the appointment as register			the obligations of the	position.	
	5 3	•		-	
-	Signature of Nev	w Registered Agent, if ch	anging		

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	V Mike	Doe 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1)	<u>-</u>	Ginger Perkins	14722 San Marsala Ct Tampa, FL 33626
2) L Change Add	D	Chris Rizzo	14469 Mirabelle VistaCir Tampa, FL 33624
Remove 3) Change Add Remove	<u>P</u> _	John Benko	Tampa, FL 33624
4) Change Add Remove	_D	Scott Tyler	14788 Sun Marsala Ct Temper, FC 33624
5)	7	Mike Acheson	14614 Chatsworth Manor Car Toumpa, I-c 33626
6) Change Add	T	Sal Manani	14766 San Marsaja Ct Tampa, FL 33626
Remove			

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.

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Example: X Change X Remove X Add	<u>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<i>D</i>	Scott Riccio	14414 Mirabelle Vista (1) Tampa, FL 33624
2) Change Add	<u>-</u>		
Remove 3) Change			
Add			
4) Change Add Remove			<u> </u>
5) Change			
Remove			
6) Change Add			

If amending or adding additional Articles, a attach additional sheets, if necessary). (Be	specific)
	* //~
	NA
	/
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Page 3 of 4

The date of each amendment(s) adoption: October 20: 2014 Late this document was signed. Effective date if applicable: (no more than 90 days after amendment file date)	, if other than th
Adoption 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 October 20, 2014 Signature Frages Perkins, Mosident	
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
GINGER PERKINS	
President (Typed or printed name of person signing)	<u> </u>
(Title of person signing)	ACHE I
	SLCKETARY OF STAY VISION OF CORPORAL
	STATE ORATION