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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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TO: Amendment Section Division of Corporations

| Cypresswoo NAME OF CORPORATION: | d Oakgrove Homeowners' Association |
|--|--|
| NO1000005698 | |
| DOCUMENT NUMBER: | |
| The enclosed Articles of Amendment and fee a | are submitted for filing. |
| Please return all correspondence concerning thi | is matter to the following: |
| | Sharon Lowery |
| | (Name of Contact Person) |
| Cypres | sswood Oakgrove Homeowners' Association |
| | (Firm/ Company) |
| | PO BOX 94 |
| 4 Min. 1 | (Address) |
| | Dundee, FL 33838 |
| | (City/ State and Zip Code) |
| | sklwhfla@gmail.com |
| E-mail address: (to l | be used for future annual report notification) |
| For further information concerning this matter, | please cail: |
| Sharon Lowery | 863 224-0157 |
| (Name of Contact | |
| Enclosed is a check for the following amount n | nade payable to the Florida Department of State: |
| ■ \$35 Filing Fee □\$43.75 Filing F Certificate of S | |
| Mailing Address Amendment Section | Street Address Amendment Section |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Cypresswood Oakgrove Homeowners' Association (Name of Corporation as currently filed with the Florida Dept. of State) NO1000005698 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following: amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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) 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: (Florida street address) New Registered Office Address: , Florida (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.

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.

| Example: X Change X Remove X Add | PT John Do V Mike Jo SV Sally Sr | <u>nes</u> | |
|--|--|---|--|
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change Add | _D | Gregor, Ralph | 103 Atlantic Avenue PO Box 94 |
| _x Remove | | | Dundee, FL 33838 |
| 2) _x Change Add | <u>D</u> | Farrell, Kristi | PO Box 94 |
| Remove X Change Add Remove | V | Yasz, Jason | Dundee, FL 33838 103 Atlantic Avenue PO Box 94 Dundee, FL 33838 |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| E. If amending or addin (attach additional shee | | cles, enter change(s) here: (Be specific) | |
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| | 0.5 | 5/02/2024 | | | |
| The date of each amendment(s) ad | loption: | | | | , if other than the |
| date this document was signed. | | | | | |
| Effective date if applicable: | 02/2024 | | | | |
| | (no mor | e than 90 days aj | ter amendment file | date) | |
| Note: If the date inserted in this bloc document's effective date on the Dep | ck does not m partment of St | eet the applicable ate's records. | statutory filing re- | quirements, this date | will not be listed as the |
| Adoption of Amendment(s) | (CHE | CK ONE) | | | |
| ☐ The amendment(s) was/were ad was/were sufficient for approva | lopted by the i | members and the | number of votes ca | ast for the amendmen | nt(s) |

| Dated Signature O5/08/2024 Source Source O5/08/2024 | |
|--|--|
| (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) | |
| Sharon Lowery | |
| (Typed or printed name of person signing) | |
| Secretary | |
| (Title of person signing) | |

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.