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JUL 28 2016

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Porta Luna Homeowners Association, Inc.
DOCUMENT NUMBER: NO 2 0000 680 1
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hugh Johnson (Name of Contact Person)
(Name of Contact Person)
Porta Luna Homeowners Association (Firm/Company)
(Firm/ Company)
P.O. Box 4041
(Address)
Fort Lauderdale, Fla. 33338 (City/ State and Zip Code)
(City/ State and Zip Code)
Hjohnson @ archall.net E-mail address: (to be used for future annual report notification)
E-man address. (to be used for future annual report nonneation)
For further information concerning this matter, please call:
Hugh Johnson at 954 - 249 - 1136 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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 \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & Certified Copy
NA 10 4.13

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



Articles of Incorporation of

·	of	2016 JUL 20 AM 8:5
Porta Luna Homeo	wners Assoc	ciation. Inc.
(Name of Corporation as o	WNEVS ASSOC currently filed with the Flori	da Dept. of State)
Porta Luna Homeo (Name of Corporation as of NO 200006801		
(Document	Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.		" or the abbreviation "Corp." or "Inc."
 Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDI</u> 		
i incipui office unuress <u>most de ASTREET ADDI</u>	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	7 1	
(Mutting uturess MAI BE A FOST OF FICE BOX		
If amonding the registered court and/our registered	d . 65	
 If amending the registered agent and/or registered new registered agent and/or the new registered o 	<u>d omce address in Fiorida, i</u> ffice address:	enter the name of the
Name of New Registered Agent:		
Name of New Registered Agent.		-
	(Flo	rida street address)
New Registered Office Address:	γ. 10	
		, Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Regishereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept t	he obligations of the position.
	Signature of New Registe	red 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 Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
Change Add Remove	TP Susan Spence	1119 N. Victoria Park Ra #5 Fort Lauderdale, Fla.
2) Change Add	SD Susan Spence	1119 N. Victoria Part Pd. #5
Remove 3) Change Add	TD Stacy Win	Fort Lauderdale Fla. 33304 1119 N. Victoria Part Pd., # 3 Fort Landola Fla
Remove 4) Change Add		Fort Lauderdale, Fla. 33309
Remove 5) Change Add		
Remove 6) Change Add		
Remove		

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
	

	date of each amendment(s) ad this document was signed.	option:	FILLU, if other than the SECRETARY OF STATE STATE		
Effe	ective date <u>if applicable</u> :				
		(no more than 90 days after amendment file date)	2016 JUL 20 AM 8: 54		
	e: If the date inserted in this blo ument's effective date on the De	ck does not meet the applicable statutory filing requirement partment of State's records.	nts, this date will not be listed as the		
Ada	option of Amendment(s)	(<u>CHECK ONE</u>)			
d	The amendment(s) was/were ac was/were sufficient for approva	opted by the members and the number of votes cast for the	e amendment(s)		
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.				
	Dated7	-15-16			
	Signature	Helen			
	have not be	rean or vice ghairman of the board, president or other officen selected, by an incorporator — if in the hands of a receive appointed fiduciary by that fiduciary)			
		Hugh Johnson (Typed or printed name of person signing)			
		President/Director (Title of person signing)	<u>~</u>		