## 102000009361

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATI	Independence Home ION:	owners Association			
DOCUMENT NUMBER:	N02000009361				
The enclosed Articles of A		nitted for filing.			
Please return all correspond	dence concerning this matte	r to the following:			
Alex Milano					
		(Name of Contact Per	son)		
Onalim Property Managem	nent				
		(Firm/ Company)			
1313 Boynton Beach Blvd	1B #337				
		(Address)			
Boynton Beach, FL 33426					
		(City/ State and Zip C	ode)	·	
Alex@onalimpropertyman	agement.com				V
	E-mail address: (to be used	for future annual repo	rt notification	0)	
For further information con	cerning this matter, please	call:			
Alex Milano		atat	561	292-5098	
	(Name of Contact Person		Area Code)	(Daytime Telephone Number	)
Enclosed is a check for the	following amount made pa	yable to the Florida D	epartment of S	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	D Filing Fee cate of Status led Copy lional Copy is used)	
<u>Mailing</u> Amendm	Address ent Section	Street Address Amendment Section		on	
Division of Corporations			sion of Corpo		

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## FILED

## Articles of Amendment to Articles of Incorporation of

Independence Homeowner's Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N02000009361 (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: N/A 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. N/A B. Enter new principal office address, if applicable: <del>~</del> (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: N/A Name of New Registered Agent: (Florida street address) New Registered Office Address: N/A Florida (City) (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	<u>V</u> <u>Mike</u>	<u>i Doe</u> e Jones v Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change	D	Leanna Billings	1313 Boynton Beach Blvd
Add			1B #337
X Remove			Boynton Beach, FL 33426
2) Change	<u>s</u>	Debbie Duncanson	1313 Boynton Beach Blvd
X Add			1B #337
Remove			Boynton Beach, FL 33426
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or addi ttach additional she	ets, if necessary).	(Be specific)			
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	e date of each amendment(s) adoption:	_, if other than the
Eff	ective date if applicable:  (no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be tument's effective date on the Department of State's records.	e listed as the
Αd	option 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 8/1/2018	
	Signature  (By the chairman of 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)	-
	(Typed or printed name of person signing)	
	President	

(Title of person signing)