## NOBOODEN

(Re	questor's Name)	
(Add	dress)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: L'ayside Estates Homeowors Association It NU2000002466 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) Estates Homeowners Association Inc (Firm/Company) s: (to be used for future annual report notification) For further information concerning this matter, please call: Melisa Horris at  $\frac{407 - 230 - 3374}{\text{(Area Code)}}$  (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 & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

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 of Inc

FII FO

Artici	es of Incorporat of	ion ( II_ [_])
Way Side Estates Ho (Name of Corporation as curre		CS ASSOCIATION INC
(Name of Corporation as curre	ntly filed with the	he Porida Dept. of State 1
N U D 000 00 2 4 6 6		
(Document Num	ber of Corporation	on (if known)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida</i>	Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
21/A		TI
name must be distinguishable and contain the word "corpor	ation" or "incor	The new porated" or the abbreviation "Corp " or "Inc "
"Company" or "Co." may not be used in the name.		or and destroyed the comp. Or me.
B. Enter new principal office address, if applicable:	N1/A	
(Principal office address MUST BE A STREET ADDRESS	7) — <del>/////</del>	
	<del></del>	
C. Enter new mailing address, if applicable:	* 1/3	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
D. If amending the registered agent and/or registered off	ice address in F	lorida, enter the name of the
new registered agent and/or the new registered office	address:	
Name of New Registered Agent:	J/A	
		(Florida street address)
New Registered Office Address:		(1.10.122.01.000.222.01.00)
		rm:
	(City)	, Florida (Zip Code)
		(
New Registered Agent's Signature, if changing Registered		account the obligations of the modition
I herehy accept the appointment as registered agent. I am fo	amiliar with and	accept the obligations of the position.
<del></del>	Signature of New	Registered Agent, if changing
•	л <i>ъпшине ој</i> меж	педыегей пусть, у спинуту

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		Doc Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	DV	Melisa Morris	204 JuniperRidge ( Sanford, FL 32771
2) Change Add	DV	Argie Conte	270 Sedona Pt Sanford FL 32771
Remove 3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
2)/2	
_/V/ <i>P</i> 3	
	<u> </u>
	<del></del>

The date of each amendment(s) adoption date this document was signed.	l:	, if other than the
Effective date <u>if applicable</u> : 2	$\frac{1}{2}\frac{1}{2}\frac{1}{2}$ (no more than 90 days after amendment file date)	
	s not meet the applicable statutory filing requirements, this date will not be	listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes east for the amendment(s)	
There are no members or members entradopted by the board of directors.	titled to vote on the amendment(s). The amendment(s) was/were	
Dated 11-3	2017	
Signature	Dir.	
(By the chairman or have not been select	vice chairman of the board, president or other officer-if directors cted, by an incorporator – if in the hands of a receiver, trustee, or ted fiduciary by that fiduciary)	
Meli	Sa DMOCCIS  (Typed or printed name of person signing)	
Dies	(Title of person signing)	