N03 0000 10185

(Requestor's Name)	
(Address)	800353949748
(Address)	000000049140
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	10/26/2001018005 **35.00
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	~ `
opeoid matiotions to 1 mmg officer.	.,
	, 4: n2

Office Use Only

3 1)))())

> JAN 11 TON I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations Homeowners Association of Columbia DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Homeowners Association of Columbia County Inc. For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee Certificate of Status

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

(Additional copy is

enclosed)

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certified Copy

Enclosed)

(Additional Copy is



2:7:10:10:10:10

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 5, 2020

RANDY BURNHAM P.O. BOX 1556 LAKE CITY, FL 32056

SUBJECT: COBBLESTONE HOMEOWNERS ASSOCIATION OF COLUMBIA

COUNTY, INC.

Ref. Number: N03000010185

We have received your document for COBBLESTONE HOMEOWNERS ASSOCIATION OF COLUMBIA COUNTY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 520A00024354

www.sunbiz.org

Articles of Amendment

to Articles of Incorporation of

Copplectane Hamemainer	on noch	· · · · · · · · · · · · · · · · · · ·	((() () () () ()	<u></u>
(Name of Corporation as currently filed with the F	S MSSOCIAI	tion up	William Dia	<u> Count</u>
LICE OF COPPORATION AS CUPPERITY MEET WITH THE F	O L CO L CO			
NU30000	210182			
(Documen	t Number of Corporati	on (if known)		
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida	Not For Profit	Corporation adopts th	e following
A. If amending name, enter the new name of the co	orporation:			
nama must ba diating inhabi				The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incor	porated" or the	abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicables (Principal office address MUST BE A STREET ADD)	<u>:</u> (RESS)			
			· · · · · · · · · · · · · · · · · · ·	. 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	v ı			
(Maning Mart BE A FOST OFFICE BO)	<u> </u>			- (3
				_ ~3_
				٠ سير
				n:: 4::02
 If amending the registered agent and/or registered new registered agent and/or the new registered or 	ed office address in F	orida, enter the	name of the	2
and the new registered of	mice audress:			
Name of New Registered Agent:	···		-	
		•		
New Registered Office Address:		(Florida street	address)	
New negatiered Office Address.				
			, Florida	
	(City)		(Zip Code)	
ew Registered Agent's Signature, if changing Regis	stered Agent:	+		
hereby accept the appointment as registered agent. I	am familiar with and a	sccept the obliga	tions of the position.	
	Signature of New I	Registered Agen	t, if changing	

(Attach additional she Please note the officer P = President; V= Vic	ets, if necessary) /director title by re President; T= () = Chief Finan	orrector being added: the first letter of the office title: Treasurer; S= Secretary; D= Director; TR= cial Officer. If an officer/director holds mo	ficer/director being removed and title, name, = Trustee; C = Chairman or Clerk; CEO = Chief re than one title, list the first letter of each office
Changes should be not a change, Mike Jones I Mike Jones, V as Remo	ieuves me corpo	ration, Saliv Smith is named the V and S. Th	the PST and Mike Jones is listed as the V. There is ese should he noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change Add Remove	ST	Inga Osmond	339 NW Ambleside Dr. Lake City, FI 32455
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove Change Add			
Remove 6) Change Add			
E. If amending or add (attach additional she	ing additional <i>i</i> eets, if necessary	Articles, enter change(s) here:). (Be specific)	
			····

The date of each amendment(s) adoption	October 22, 2020 if other than the
date this document was signed.	if other than the
Effective data if annihilation	
Effective date if applicable:	10 more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed as the t of State's records.
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)

The ado	re are no members or members entitled to vote on the amendment(s). The amendment(s) was/were pted by the board of directors.
	Dated 12/28/2000
	Signature (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 5 days.
	other court appointed fiduciary by that fiduciary) Carry Surviva Court appointed fiduciary by that fiduciary) (Typed or printed name of person signing)
	Pres dut
	(Title of person signing)

.