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R. WHITE
MAY 15 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATIO	Lawrence Woods Prop	oerty Owners Associatio	n, Inc		
DOCUMENT NUMBER: _	N03348 				
The enclosed Articles of Amo	endment and fee are subm	itted for filing.			
Please return all corresponde	nce concerning this matter	to the following:			
Hedda Mitchell					
	(Name of Contact Person)		
Lawrence Woods Property C	Owners Association, Inc				
		(Firm/ Company)			
6614 Lawrence Woods Ct					
		(Address)			
Lake Worth, Fl 33462					
	(City/ State and Zip Code	21		
mhedda62@icloud.com					
Е	-mail address: (to be used	for future annual report i	notification	<u>i)</u>	
For further information conc	erning this matter, please o	all:			
Hedda Mitchell		56	l	313-8761	
	(Name of Contact Person)	atat	ca Code)	(Daytime Telephon	e Number)
Enclosed is a check for the fi	ollowing amount made pay	able to the Florida Depa	irtinent of	State:	
■ \$35 Filing Fec	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	O Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address		Street	Address	,	

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

Articles of Amendment

18 MAY 15 AM 6: 58

	Articles of Incorpo-	ration	SECRETARY (##STAT
1	of to		TALLAHASOFF FLORIS
Tamence mos	72 Habert	JUNO15 H	sociation
(Name of Corporation	as currently filed wit	h the Florida Dept.	of State)
(Docur	nent Number of Corpor	ation (if known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Flori</i> d	da Not For Profit Co	rporation adopts the following
A. If amending name, enter the new name of the	e corporation:		
			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		corporated" or the ab	obreviation "Corp " or "Inc."
	_	11	100 1- P 1
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	UNDECCI		Woods (+
Timesput Office address in 1931 to 17 51 1813.17	Lake	Llisolth	F1.33462
		•	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	, sov	مو صح(2 h
(Mailing agaress MAT BE A POST OFFICE	<u> </u>	<u> </u>	-10.00E
			
D. If amending the registered agent and/or regi- new registered agent and/or the new register		Florida, enter the	name of the
	Hedda Mitchell		
Name of New Registered Agent:			
	6614 Lawrence Wood		
New Registered Office Address:		(Florida street a	ddress)
	6614 Lawrence Wood	s Ct	33462
	(City)		, Florida (Zip Code)
	(City)		(Dip Come)
New Registered Agent's Signature, if changing I	Registered Agent:		ii
I hereby accept the appointment as registered agen	u. 1 am jamular with a	na accepi ine obilgal	ions of the position.
	A TONE OF	$\gamma \gamma $	(
-	$VA \cup V \setminus SO \cup J$ 1 ——Stonature of N	lew Revistered Agent	if chanving

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	V Mik	n Doe le Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	P	Denise Harding	6599 Lawrence Woods Ct
x Add			Lake Worth, Fl 33462
Remove			
2) Change	VP	Tumeka Mcclellion	6591 Lawrence Woods Ct
<u>x</u> Add			Lake Worth, Fl 33462
Remove			
3) Change	Т	Hedda Mitchell	6614 Lawrence Woods Ct
2 Add			Lake Worth, Fl 33462
Remove			
	S	Yasiri Perez	6638 Lawrence Woods Ct
4) Change			Lake Worth, F1 33462
Add			
5) Change	VP,T,S	Steve Ashley	6710 Lawrence Woods Ct
Add		• • • • • • • • • • • • • • • • • • • •	Lake Worth, Fl 33462
x Remove			
δ) Change	Р	Brian Jazynka	6623 Lawrence Wood Ct
Add			Lake Worth, Fl 33462
X Remove			

		5/15/18	
	date of each amendment this document was signe		, if other than the
Effe	ctive date if applicable:	4/29/18	
		(no more than 90 days after amendment file date)	
		this block does not meet the applicable statutory filing requirements, this date will not b the Department of State's records.	e listed as the
Ado	ption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) approval.	
	There are no members o adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	5/15 Dated	/18	
	Signature _\\	the McLQ	_
	have	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Н	edda Mitchell	
		(Typed or printed name of person signing)	
	Т	reasurer	
	_	(Title of person signing)	