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COVER LETTER

Division of Corporations SAPIHA, INC NAME OF CORPORATION: N04000000027 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: WENDY SMITH (Name of Contact Person) INTEGRITY TAX & BOOKKEEPING LLC (Firm/ Company) 4411 E ARLINGTON STREET (Address) **INVERNESS** FLORIDA 34453 (City/ State and Zip Code) WENDY@CITRUSINTEGRITY.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHELLE GILPIN 727-2432 813 (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 □\$43.75 Filing Fee & □\$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** Street Address Amendment Section Amendment Section

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

TO: Amendment Section

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

Articles of Amendment to Articles of Incorporation of

SAPIHA, INC.		11
(Name of Corporation as curre	ently filed with the Florida Dep	t. of State)
N0400000027		
(Document Num	ber of Corporation (if known)	П
Pursuant to the provisions of section 617,1006, Florida Statumendment(s) to its Articles of Incorporation:	ntes, this <i>Florida Not For Profit</i> (Corporation adopts the following
A. If amending name, enter the new name of the corpora	<u>ition:</u>	
N/A		The no
name must be distinguishable and contain the word "corpor	ration" or "incorporated" or the	
"Company" or "Co." may not be used in the name.		
B. Enter new principal office address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS	Σ)	
		
C. Enter new mailing address, if applicable:		1.5 7.
(Mailing address MAY BE A POST OFFICE BOX)	N/A	걸절 귀
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	- ·	
D. Hamandina the analysis and a set of the set		
 If amending the registered agent and/or registered off new registered agent and/or the new registered office 	<u>fice address in Florida, enter th</u> -address:	e name of the
	N/A	
Name of New Registered Agent:	17/21	·
New Registered Office Address:	(Florida stree	et address)
New Registered Office Address.		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am for		gations of the position.
	Signature of New Registered Age	ent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and	titl	e
address of each Officer and/or Director being added:	11	

(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; GFC Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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 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 Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mil</u>	n Doe se Jones ly Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change		N/A		
Add				
Remove				
2) Change Add				
Remove				
3) Change				
Remove				
4) Change				··················
Add				
Remove				
5) Change Add				
Remove				
6) Change				
Add				
Remove				

i. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary), (Be specific)	
ARTICLE IV - MANNER OF ELECTION	
The total number of Directors shall be five but no less than three. One of the Directors will always be to	the then sitting
President of the Pritchard Island Homeowners' Association and all other Directors who shall be elected in	nust be associated
with a Lot. Such association shall include: A Lot Owner; a tenant residing on a Lot who has the Lot Own	er's authorization t
vote; Officers of a corporation that owns one or more Lots; a Trustee for the Lot Owner: or partners parti	cipating in the
ownership of a Lot. The elected Directors may be elected by mail ballot but such election shall be on an a	annual basis by a
plurality of the votes cast. Each member shall be entitled to cast a vote for as many vacancies as there are	to be filled.
Cumulative voting is not permitted. Every owner of a Lot shall be a member of the Association. Member	ship shall be
appurtenant to and may not be separate from ownership of a Lot. The Association shall have a single class	ss of voting
nembers which shall be that all Lot Owners shall be entitled to one vote for each Lot owned.	
	, ··· ,

	March 15, 2005	1
The date of each amendment	· · · · · · · · · · · · · · · · · · ·	if
date this document was signed.		1
Effective date if applicable:	March 15, 2005	1
	(no more than 90 days after amendment file date)	Ì
	is block does not meet the applicable statutory filing requirements, this date will not be ne Department of State's records.	lis
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes east for the amendment(s) proval.	
There are no members or adopted by the board of c	members entitled to vote on the amendment(s). The amendment(s) was/were lirectors.	
Octob Dated	per 17, 2019	
Signature	Claria Letton	
have n	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)	
Glo	oria Huffman	
_	(Typed or printed name of person signing)	
Sec	cretary/Treasurer	
	(Title of person signing)	