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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Country Village Community Homeoweners Assoc	se.
DOCUMENT NUMBER: N 0400005462	
The enclosed Articles of Amendment and fee are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Karen Emmons	
(Name of Contact Person)	
(Firm/ Company)	
658 Pineriew Sr	
(Address)	
Orange City, 7L 32763 (City/ State and Zip Code)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at	
(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 \text{ Filing Fee } \Bigcup \\$43.75 \text{ Filing Fee & Certificate of Status } \Bigcup \\$43.75 \text{ Filing Fee & Certificate of Status } \Bigcup \\$60 \B	
Mailing Address Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

of

FILED

COUNTRY VILLAGE COMMUNITY HOMEOV	VNERS ASSOCIATION, INC.	2022 HOU -
Name of Corporation as currently filed with the Fl	orida Dept. of State)	2022 HOV -7 AH 7:
	NA	SEUN TALLER DE SALSE
(Document	Number of Corporation (if known)	
tursuant to the provisions of section 617.1006, Florida mendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the co	rporation;	
		The new
name must be distinguishable and contain the word "c 'Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the	abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADD	RESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
. If amending the registered agent and/or registered	ed office address in Florida, enter the	e name of the
new registered agent and/or the new registered o	ffice address:	
Name of New Registered Agent:		
	77	
New Registered Office Address:	(Florida street	address)
	(City)	, Florida (Zip Code)
.		(isp code)
ew Registered Agent's Signature, if changing Registhereby accept the appointment as registered agent. I	stered Agent:	ations of the position
the supplemental and supplemental agent.	am jammar wan ana accept the obligi	mons of the position.
	Signature of New Registered Agen	nt, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name,
nd address of each Officer and/or Director being added:
Attach = Additional along the second

(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	PT John D Y Mike J SV Sally S	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l) <u>X</u> Change Add	7	Henry Crews	2244 Harcourt Terr Drange City, 76 32763
Remove 2) Change Add	7	Laymadore	365 Pineview Dr Diange City 71 32763
Remove Change Add Remove	<u> </u>	Paul Lemery	atot Windemerela Grange City 7L 32763
4) Change Add	D	Nancy Jones	2304 Winderwere Ln Grange Prig 71 3276
Pemove 5) Change Add	7	Ken Coonrad	628 Abbarriew dr Crarge Coy, 71 32763
Remove 6) Change Add			
E. If amending or adding (attach additional sheet)		cles, enter change(s) here: (Be specific)	
Ken Coa	prod a	errently on medica 5 President unti	1 leave - 1 Mr. Crews
Can re	turn.		

					
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The date of each amendment(s) adoption:date this document was signed.					, if other than the
Effective date if applicable: (no more					
(no more	than 90 days o	ifter amendmen	t file date)		
Note: If the date inserted in this block does not me document's effective date on the Department of Sta	et the applicablete's records.	le statutory filin	g requirements,	this date will no	t be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.			
٠.	Dated October 31, 2020			
	Signature Harre Ennous			
	(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 fiduciary)			
	Karen Emmons			
	(Typed or printed name of person signing)			
	Secretary			
	(Title of person signing)			

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