## 110400005739

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(Ci	ty/State/Zip/Phone	· #)
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(Dc	ocument Number)	
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TO: Amendment Secti	on	. Sign

## **COVER LETTER**

TO: Amendment/Section Division of Corporations		
Cobblestone Community A NAME OF CORPORATION:	ssociation, Inc.	
N04000005739 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are submitted f	or filing.	
Please return all correspondence concerning this matter to the	e following:	
Maria T. Hernandez, LCAM		
(Name	of Contact Person)	
Cobblestone Community Association, Inc.		
(F	irm/ Company)	
14701 SW 10th Street		
	(Address)	
Pembroke Pines, FL 33027		
(City/	State and Zip Code)	
mhernandez@miamimanagement.com		
E-mail address: (to be used for ful	ure annual report notif	ication)
For further information concerning this matter, please call:		
Maria T. Hernandez	954 at	450-5714
(Name of Contact Person)		Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable t	o the Florida Departme	ent of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43. Certificate of Status Cert	.75 Filing Fee &   Graph of the Copy   Graph o	\$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
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

Certified Copy

Enclosed)

(Additional Copy is

## Articles of Amendment to Articles of Incorporation

FILED

Cobblestone Community Association, Inc.

2018 OCT -5 AM 8: 03

irrentiy tilea vitar til	e Florida Dept. of State)	SECRETARY OF A
	(10)	SECRETARY OF STALLAHASSEE,
lumber of Corporation	i (if known)	
tatutes, this <i>Florida N</i>	ot For Profit Corporation	adopts the following
oration:		
		The new
poration" or "incorp	orated" or the abbreviatio	
N/A		
ESS )		
-		
N/A		
	orida, enter the name of t	<u>ne</u>
	(Florida street address)	
	, Flori	da
(City)	(Zi <sub>j</sub>	p Code)
m familiar with and a	eccept the obligations of th	e position.
Signature of Nove	Registered Agent if chang	ino
	noration:    Proportion   Or "incorp.     N/A     N/A     N/A     Office address in Florida No.     (City)     Oration   Or "incorp.     (City)     Office address   Oration   Oration     Oration   Oration   Oration     Office address   Oration   Oration     Office address   Oration   Oration     Office address   Oration   Oration     Oration   Oration   Oration   Oration   Oration     Oration   Oration   Oration   Oration   Oration     Oration   Oration   Oration   Oration   Oration   Oration     Oration   O	noration:  Sporation:  Sporation:  Sporation:  N/A  ESS:  N/A  N/A  Coffice address in Florida, enter the name of the fice address:  (Florida street address)  Florida (City)  (Zigon)

Page 1 of 4

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.

X Change X Remove X Add	PT         John           V         Mike           SV         Sally	Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	D	Virag, Istvan	14701 SW 10th Street
Add	- <del></del>		Pembroke Pines, FL 33027
Remove			
2) X Change	VP	Harrison, Douglas A	14701 SW 10th Street
Add			Pembroke Pines, FL 33027
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
Change of			
6) Change			
Add			-
Remove			

E. If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)	<u></u> .				
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Page 3 of 4

September 4, 2018	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	T.
September 4, 2018	
Effective date <u>if applicable</u> :	·
(no more than 90 days after amendment file	e date)
Note: If the date inserted in this block does not meet the applicable statutory filing red document's effective date on the Department of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the members and the number of votes ca was/were sufficient for approval.	ist for the amendment(s)
☐ There are no members or members entitled to vote on the amendment(s). The arradopted by the board of directors.	nendment(s) was/were
9/10/18 Dated	
Signature	
(By the chairman or vice chairman of the board, president or of have not been selected, by an incorporator – if in the hands of	
other court appointed fiduciary by that fiduciary)	a receiver, trustee, or
NATALIE M. BEASLEY	
(Typed or printed name of person s	signing)
PRESI DENT	
(Title of person signing	)