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SECRETARY OF STATE

11/2M/20

COVER LETTER

TO: Amendment Section Division of Corporations		+*** •	,	
•	,			
	ommunity Association, Inc.			
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Maria T. Hernandez, LCAM				
	(Name of Contact Perso	on)		
Cobblestone Community Association, Inc.				
	(Firm/ Company)			
14701 SW 10th Street				
	(Address)			
Pembroke Pines, FL 33027				
	(City/ State and Zip Coo	de)	- 	
mhernandez@miamimanagement.com				
E-mail address: (to be	used for future annual report	notification	1)	
For further information concerning this matter, pl	ease call:			
Maria T. Hemandez	95 at	54	450-5714	
(Name of Contact Pe	_ :	rea Code)	(Daytime Telephon	e Number)
Enclosed is a check for the following amount made	de payable to the Florida Dep	partment of	State:	
\$35 Filing Fee \$43.75 Filing Fe Certificate of Sta	ce & \$\sumsymbol{\subset}\$	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address		Address		
Amendment Section	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

Articles of Amendment to Articles of Incorporation of



Cobblestone Community Association, Inc.

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(Name of Corporation as current	itly filed with the Florida Dept. of State) RETARY DE CEAT
N04000005739	TALLAMA SOFF, FI
(Document Number	per of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:
N/A	The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS))
	·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered offic	
new registered agent and/or the new registered office a	ddress:
Name of New Registered Agent: N/A	
· · · · · ·	(Florida street address)
New Registered Office Address:	(r ioriaa sireet auuress)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered.	Agent:
hereby accept the appointment as registered agent. I am fan	
Si	ignature of New Registered Agent, if changing

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	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	VP	Jennifer Marmanillo	14701 SW 10th Street
Add			Pembroke Pines, FL 33027
Remove			
2) x Change	<u>s</u>	Steven Newman	14701 SW 10th Street
Add			Pembroke Pines, FL 33027
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u> </u>
6) Change			- -
Add			
Remove			

. If amending or adding additional Articles, (attach additional sheets, if necessary). (Be	specific)			
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September 15, 2020	
The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
September 15, 2020	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	oe listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated September 15, 2020	
Signature Attania	_
(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)	
Douglas Harrison	
(Typed or printed name of person signing)	
President	
(Title of person signing)	