

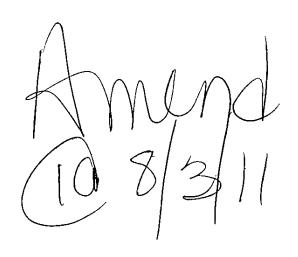
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION: STONECREE	( AT DAVIE HOMEOW	NERS' ASSOCIA
DOCUMENT NU	мвек: N0400006304		
The enclosed Articl	es of Amendment and fee are subr	nitted for filing.	
Please return all cor	respondence concerning this matte	er to the following:	
		M. Garcia	
	(Name of C	Contact Person)	
	Affinity Mana	gement Services	
	(Firm/	Company)	
	1430 NV	V 15 Avenue	
	(A	ddress)	
	Miami,	FL 33125	
	(City/ State	and Zip Code)	
		agementservices.com for future annual report notifica	tion)
For further informat	ion concerning this matter, please	call:	
Pedro M. Garcia		at ( 305 ) 325-4243	3
(Nam	e of Contact Person)		ne Telephone Number)
Enclosed is a check	for the following amount made pa	yable to the Florida Department	of State:
	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

## STONECREEK AT DAVIE HOMEOWNERS' ASSOCIATION, INC.

			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
(Name of Corporation as curr	rently filed v	vith the Florida Dept.	of State)	
N04	40000063	304		
(Document Nu	mber of Corp	ooration (if known)	· · · · · · · · · · · · · · · · · · ·	
suant to the provisions of section 617.1006 following amendment(s) to its Articles of I			For Profit Corpo	ration adop
If amending name, enter the new name of	of the corpo	ration:		
new name must be distinguishable and creviation "Corp." or "Inc." "Company"				or the
Enter new principal office address, if ap incipal office address <u>MUST BE A STREI</u>		<u> </u>		
				11 AU
Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFF</u> )		***		1
				AH 10: 3
				$\frac{\omega}{\omega}$
If amending the registered agent and/or new registered agent and/or the new registered of New Registered Agent:  New Registered Office Address:	istered office		a, enter the nam	<u>e of the</u>
New Registered Office Address:	(4	rioriaa sireei aaaress)		
		(City)	, Florida_ Zip Co	
Registered Agent's Signature, if changi reby accept the appointment as registere		ed Agent:		·
tion.			- •	·
<del></del>	Signature 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)

Title	<u>Name</u>	Address	Type of Action
<u>P</u>	SANNER, FRAN	1495 NORTH PARK DRIVE	_ 🗆 Add
		WESTON FL 33326 US	☑ Remove
^	MINEO DETER		_
<u>s</u>	MINEO, PETER	1430 NW 15 AVENUE	_ ☑ Add □ Remove
		MIAMI, FL 33125	_
s	DVORKIN, BORIS	1430 NW 15 AVENUE	☑ Add
		MIAMI, FL 33125	Remove
T. 10			
	ding or adding additional Articles, dditional sheets, if necessary). (Be	enter change(s) here: especific)	
Please ui	odate the mailing address for the	ne following officers:	
7 10000 01	sauto trio manning address for the	To tollowing officero.	
VP - And	rea Judd: 1430 NW 15 AVENU	JE, MIAMI, FL 33125	
S - Oscar	Sebelen: 1430 NW 15 AVENU	JE, MIAMI, FL 33125	
	·		
	M		
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	

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The date of each amendmen	t(s) adoption: 7/2/11
Effective date <u>if applicable</u> :	(date of adoptibn is required) 6/29/2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	7/22/11 Orca 205eCon
· (By	the chairman of vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	Secretary (Title of person signing)
	(Title of berson signing)