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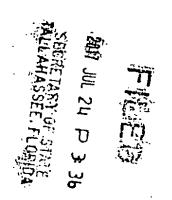
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<u>COVER LETTE</u>	<u> </u>
FO: Amendment Section Division of Corporations	
SADDLEWOOD PROPERTY OWNERS NAME OF CORPORATION:	S ASSOCIATION. INC
N04000007152 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Denise Abererombie	
(Name of Contact Pe	erson)
Highland Community Management, LLC	
(Firn/ Company	×
3020 S. Florida Ave., Suite 305	
(Address)	
Lakeland, FL 33803	
(City/ State and Zip	Code)
info@hcmanagement.org	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please call:	
Denise Abercrombie	863 940-2863
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida l	Department of State:
■ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy i enclosed)	Certificate of Status
Amendment Section Ar Division of Corporations Di P.O. Box 6327 Cl Tallahassee, FL 32314 26	reet Address mendment Section vision of Corporations ifton Building 61 Executive Center Circle illahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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SADDLEWOOD PROPERTY OWNERS ASSOCIATION, INC

F能EB

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
N04000007152	題 301 24 ₽ 3 36
(Document Numb Pursuant to the provisions of section 617,1006, Florida Statut amendment(s) to its Articles of Incorporation:	ber of Corporation (if known) SECRETARY OF STATE es, this Florida Not For Mathematical Copy in Collowing
A. If amending name, enter the new name of the corporat	tion:
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	The new ution" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	3020 S. Florida Ave., Suite 305
(Principal office address MUST BE A STREET ADDRESS	Lakeland, FL 33803
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3020 S. Florida Ave., Suite 305 Lakeland, FL 33803
D. If amending the registered agent and/or registered offi new registered agent and/or the new registered office	
Name of New Registered Agent:	Community Management, LLC
	Florida Ave., Suite 305
New Registered Office Address:	(Florida street address)
Lakeland	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent.	

Page 1 of 4

nddress of each Officer : Attach additional sheets, Please note the officer/dir P = President; V= Vice F	and/or Di if necesse rector title resident;	irector b ary) • by the fi T= Trea.	eing added: irst letter of the office titt surer; S= Secretary; D=	le: Director; TR= Trus.	irector being removed and title, name, and tee; $C = Chairman \ or \ Clerk; \ CEO = Chief$ one title, list the first letter of each office
held. President, Treasure.				eror minus more man	one me, ma me just tener of each office
Changes should be noted i change, Mike Jones lea Mike Jones, V as Remove	ves the co	rporatio	n, Sally Smith is named t	Ooe is listed as the P: he V and S. These sh	ST and Mike Jones is listed as the V. There is ould be noted as John Doc, PT as a Change.
Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	ones	į	
<u>l'ype of Action</u> (Check One)	<u>Title</u>		Name		Address
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6) Change		_			
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Remove

E. If amending or adding additional Articles, enter change(s) her	<u>e</u> :
E. If amending or adding additional Articles, enter change(s) her (attach additional sheets, if necessary). (Be specific)	
	
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7-18-2017 The date of each amendment(s) adoption:	, if other than the
late this document was signed.	, «мес «ми
Effective date <u>if applicable</u> :	
(no more than 90 days after <mark>u</mark> mendment file date)	
Sote: If the date inserted in this block does not meet the applicable statutory filing requirements, this locument's effective date on the Department of State's records.	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 cast for the amend was/were sufficient for approval.	lment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the hoard of directors.	/were
7/18/2017 Dated	
Signature Semi Musical	
(By the chairman or vice chairman of the board, president or other officer-if di have not been selected, by an incorporator – if in the hands of a receiver, trust other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
GPOA President (Title of person signing)	

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