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## COVER LETTER

IN

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SUMMERLIN	DENTAL LAND CONDOMINIUM ASSOCIATION,		
DOCUMENT NUMBER: NO 5 00000 (	0544		
The enclosed Articles of Amendment and fee are subm	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
JAMES	A. MITCHELL Name of Contact Person)		
(	Name of Contact Person)		
MITCHELL & MITC	HELL D.D.S /P.A. (Firm/Company)		
	(Firm/ Company)		
32 BARKLEY CIRCL	<u> </u>		
3	(Address)		
FORT MYERS , FL	33907		
. (	City/ State and Zip Code)		
MitchellDentist	@aol.com		
E-mail address: (to be used i	or future annual report notification)		
For further information concerning this matter, please c	all:		
REBECA BENITEZ	at $(239)$ $939 - 5556$ (Area Code) (Daytime Telephone Number)		
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)		
Enclosed is a check for the following amount made pay-	able to the Florida Department of State:		
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)		
Mailing Address	Street Address		
Amendment Section	Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations		
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as	currently filed with the Florida Dept. of State)	
(Documen	t Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida imendment(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 he used in the name.	orporation" or "incorporated" or the abbreviatio	n "Corp " or "Inc."
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>		
C. Fatan and mailing actions of another black		·
2. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO.</u>	<u> </u>	
		<del></del>
		:` <u> </u>
). If amending the registered agent and/or register	ed office add <u>ress in</u> Florida, enter the name of t	he : S
new registered agent and/or the new registered		
Name of New Registered Agent		
New Registered Office Address: -	(Florida street address)	7.4. Co
	Flori	
	(City) (Ziq	p Code)
New Registered Agent's Signature, if changing Reginerable accept the appointment as registered agent.	<mark>istered Agent:</mark> I am familiar with and accept the obligations of the	e position.
	Signature of New Registered Agent, if change	ing

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 Doe  Y Mike Jones  SV Sally Smith			
Type of Action (Check One)	<u>Tjule</u>	<u>Name</u>	Address	
1) Change	_D_	CYNTHIA DERAGON	34 BARKLEY CIRCLE	
Add Remove			FORT MYERS, FL 33907	
2) Change	_D_	KRYSTAL REYES VIRUET	34 BARKLEY CIRCLE	
Add Remove			FORT MYERS, FL 33907	
3) Change			200	
Add Remove				
4) Change				
Remove			·	
5) Change	<del></del>			
Add Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)	
	11.15	
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The date of each amendment(s) adoption:date this document was signed.	JULY	29,	2019		, if othe	r than th
Effective date if applicable:	JULY 190 days afte	29 r amendm	a 019			
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re-		atutory fil	ng requirements, this	s date will not	be listed a	is the
Adoption of Amendment(s) (CHECK ON	<u>NE</u> )					
The amendment(s) was/were adopted by the member was/were sufficient for approval.	ers and the nu	mber of vo	tes cast for the amen	dment(s)		
There are no members or members entitled to vote of adopted by the board of directors.	on the amend	ment(s). T	he amendment(s) wa	s/were		
Dated Aug 13, 2019						
Dated Aug 13, 2019 Signature James a Mi Le					<del></del> -	
(By he chairman or vice chairman have not been selected, by an inconter court appointed fiduciary b	corporator – i	f in the har				
JAMES A MITCHE	EU	<del></del>				
(Туре	ed or printed	name of pe	rson signing)	4		
JAMES A MITCHE (Type				38 - 7 - 1	19 AUG	- <u>-</u> ,
		of person si	guiug)		3 :51 HI 51 90	