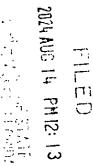
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H)	equestor's Name)	
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(C	ity/State/Zip/Phone #)	
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PICK-UP	TIAW [	MAIL
(8	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
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J. HORNE AUG Z 3 2024		
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

North Poname OF CORPORATION:	oint at Ironwood Homeowne	rs Association. Inc.	
N050000018			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and	fee are submitted for filing.		
Please return all correspondence concernit	ng this matter to the following	ng:	
Michael Colby			
	(Name of Conta	act Person)	
North Point at Ironwood Homeowners As	sociation, Inc.		
	(Firm/ Con	ıpany)	
4523 NE 16th Terrace			
	(Addre	ss)	
Gainesville, FL 32609			
	(City/ State and	Zip Code)	
mlcolby50@outlook.com			
E-mail address	(to be used for future annu	al report notificatio	n)
For further information concerning this ma	atter, please call:		
Michael Colby		352 at	870-9510
(Name of Cor	ntact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amo	unt made payable to the Flo	rida Department of	State:
■ \$35 Filing Fee □\$43.75 Fil Certificate	ing Fee & \$\sum \$	oy Certif opy is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		Street Address Amendment Sect	ion

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED 2024 AUG 14 PM 12: 13

North Point at Ironwood Homeowners Association, Inc.

Name of Corporation as currently filed with the Florid	a Dept. of State)	
N05000001807		
(Document Nur	nber of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006. Florida Statemendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:	
N/A		The new
name must be distinguishable and contain the word "corpo "Company" or "Co," may not be used in the name.	ration" or "incorporated"	
B. Enter new principal office address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRES	<u>SS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
<ol> <li>If amending the registered agent and/or registered of new registered agent and/or the new registered office</li> </ol>		enter the name of the
N/A	e audress.	
Name of New Registered Agent:		<del></del>
<del></del>	(Flo	rida street address)
New Registered Office Address:	,,,,,,,	NN 51 EV MN (50)
		Florida
	(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am		he obligations of the position.
	Signature of New Register	rad taant if aharaina

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>nes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	SD	THOMAS, PATRICIA	4650 NE 15TH TERRACE GAINESVILLE, FL 32609
x Remove			<del></del>
2) Change Add	D	PROFANT, JANELLE	4550 NE 15TH TERRACE GAINESVILLE, FL 32609
X   Remove	<u>VD</u>	FOSTER, MARCUS	4686 NE 15TH TERRACE GAINESVILLE, FL 32609
4) Change Add	SD	SIMMONS, TANDRA	1648 NE 47TH PLACE GAINESVILLE, FL 32609
Remove			
5) Change Add	SD	MCCRAY-SHEPPARD, KIZZY	1588 NE 47TH PLACE GAINESVILLE, FL 32609
Remove			
6) Change Add			
Remove			
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
N/A			
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The date of each amendment(s) adoption:date this document was signed.			_, if other than the
Effective date if applicable:			
Effective date if applicable: (no more than 90 da	iys after amendment file do	nte)	•
Note: If the date inserted in this block does not meet the appli document's effective date on the Department of State's records	cable statutory filing requi	rements, this date will not b	e listed as the

(CHECK ONE)

Adoption of Amendment(s)

adopted by the b	oard of directors.		
Dated	August 10, 2024	THIS WAS FOR A CHANGE OF ELECTED OFFICERS ONL	
Signatur	e Muhael		
J.g.iaiai	(By the chairman or vice chairman	of the board, president or other officer-if directors rporator – if in the hands of a receiver, trustee, or	
	(Typed or printed name of person signing)		
	Treasurer		
		(Title of person signing)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were