N05000003808

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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	WESTBROOKE HO —	MEOWNE	RS ASS	OCIATION, INC.	
DOCUMENT NUMBER: N05000003808					2817 JUL 31
The enclosed Articles of Amendment and fee are s	submitted for filing.				3
Please return all correspondence concerning this m	natter to the following	g:			3
Denise Abercrombie					
	(Name of Contac	et Person)		<u> </u>	
Highland Community Management, LLC					
	(Firm/ Comp	pany)		<u>.</u>	
3020 S. Florida Ave., Suite 305				1	
	(Address	s)			
Lakeland, FL 33803					
	(City/ State and I	Zip Code)			
info@hemanagement.org					
E-mail address: (to be u	ised for future annua	report noti	fication)	
For further information concerning this matter, plea	ase call:				
Denise Abercrombie		863 at		940-2863	
(Name of Contact Pers	son)	(Area	Code)	(Daytime Telephon	e Number)
Enclosed is a check for the following amount made	e payable to the Flori	da Departir	ent of S	tate:	
■ \$35 Filing Fee		,	Certific Certific	Filing Fee cate of Status ed Copy ional Copy is	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SANTA FE AT WESTBROOKE HOMEOWNERS ASSOCIATION INC

(Name of Corporation as c	urrently filed with the Florida E	lept. of State)
N05000003808		4
(Document)	Number of Corporation (if known	Dept. of State)
(Isvenilent)	Transport of Corporation (II known	
Pursuant to the provisions of section 617,1006, Florida 5 amendment(s) to its Articles of Incorporation:	Statutes, this <i>Floridu Not For Pro</i>	fit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:	
		The new
name must be distinguishable and contain the word "co. "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or	the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDR</u>	RESS)	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1	
(Studing undress MAT BE A FOST OFFICE BOX)	·	
 If amending the registered agent and/or registered new registered agent and/or the new registered of 		the name of the
Tegatered agent and of the new registered of	ince address.	
Name of New Registered Agent:		<u> </u>
Name Providence of Office Address	(Florida s	treet address)
New Registered Office Address:		
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist	tared Leant.	
hereby accept the appointment as registered agent. Lo		bligations of the position
	<i>y</i>	
	Signature of New Registered 2	Avent, 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	<u>V</u> <u>Mil</u>	n <u>Doe</u> ke Jones l <u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Stacy Allison	3020 S. Florida Ave., Suite 323
Add			Lakeland, FL 33803
Remove			
2) Change	D	Christic Anderson	3020 S. Florida Ave Suite 323
X Add			Lakeland, FL 33803
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or add (attach additional sh	eets, if necessa	יִרִי). (Be spe	rcific)	<u>-</u>				
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	7/21/17	
The date of each amendment(s) add ate this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	-
Sote: If the date inserted in this bloc ocument's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date will not artment of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	
There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were is.	
Dated 7/21/2017	<u>//</u>	
Signature		
have not beer	nan or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)	_
D. Joel Ac	lams	
	(Typed or printed name of person signing)	
President		
	(Title of person signing)	