## 10500005219

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	UDGE HOMEOWNER	RS' ASSOCIAT	ION, INC
DOCUMENT NUMBER: N05000011749			
The enclosed Articles of Amendment and fee are so	ubmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Kathy Alidredge			
	(Name of Contact P	erson)	<del></del>
Garrison Property Services, LLC			
	(Firm/ Compan	y)	
P.O. Box 510			
	(Address)		
Dundee, FL 33838			
	(City/ State and Zip	Code)	
Kathy@garrisonland.com			
E-mail address: (to be us	sed for future annual re	port notification	)
For further information concerning this matter, plea	ise call:		
Kathy Alldredge	ai	863	439-6550
(Name of Contact Pers		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida	Department of S	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Statu	& \$\Bigsize\$\$ \$\text{\$43.75 Filing Fee}\$ Certified Copy (Additional copy enclosed)	Certifi is Certifi	D Filing Fee cate of Status led Copy cional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ai Di	reet Address mendment Secti ivision of Corpo ifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

Mabel Loop Ridge Homeowners Association, Inc.		0046 pro
(Name of Corporation as	currently filed with the Florida De	pt. of State) -5 P 3: 35
N05000005219		SECRETARY OF STATE
(Documen	t Number of Corporation (if known)	TALLAHASSEE, FLORIDA
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For Profit	t Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporated" or th	e abbreviation "Corp." or "Inc."
D. Fraton now national office address if annihilation		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)	<u>X</u> )	
D. If a war directly a war interest a count and the consistence		L
D. If amending the registered agent and/or register new registered agent and/or the new registered		ne name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
<u>New Registerea Office Adaress</u> :		
	(Citv)	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent:	inations of the monition
I hereby accept the appointment as registered agent.	t am jamiliar with and accept the opt	igations of the position.
	Ace alm	1/2-2
	Signature of New Registered Ag	ient, if changing
	1/	

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 ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	DVP	Thomas Greenawalt	3999 West First Street
Add			Sanford, FL 32771
X Remove			<del>.</del>
2) Change	DVP	Tim Madden	3999 West First Street
X Add			Sanford, FL 32771
Remove			
3) X Change	DP	Thomas Prior	3999 West First Street
Add			Sanford, FL 32771
Remove			
4) X Change	DST	George Friedman	3999 West First Street
Add			Sanford, FL 32771
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
			<del></del>
Add			<del></del>
Remove			

If amending or adding additional A attach additional sheets, if necessary,	). (Be specific)				
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:	9/2016	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amen I.	dment(s)
There are no members or membadopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) wars.	s/were
9/27/2016 Dated		
Signature	Are Journ	
have not bee	man or vice chairman of the board, president or other officer-if d y selected, by an incorporator — if in the hands of a receiver, trus ppointed fiduciary by that fiduciary)	
Joe Garri	son	
	(Typed or printed name of person signing)	
Manager	'Owner	
<del></del>	(Title of person signing)	