NO5 COCCO 9731

(Red	questor's Name)	
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(City	//State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassec, FL 32314

NAME OF CORPORATION: SCIVE OF A S	Walk Owners Association, Inc.
DOCUMENT NUMBER: $N\Phi \Phi \Phi \Phi \Phi$	9731
The enclosed Articles of Amendment and fee are submitted for	tiling.
Please return all correspondence concerning this matter to the f	iollowing:
Juan C. Davila	
(Name o	f Contact Person)
(Fire	n/ Company)
5228 163rd path	
(Address)
Live oak, FL 32060 (City/St	
(City/ St	ate and Zip Code)
Savannas walk hear	@ gmcil - com c annual report notification)
For further information concerning this matter, please call:	
Joanny Santiago	at 321 - 313 - 7061 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to	the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Certificate of Status Certifi (Addit enclose)	ed Copy Certificate of Status ional copy is Certified Copy
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida D	<u> </u>	-NC.
N Ø 5 Ø Ø Ø Ø Ø 9 7 3 j		
	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit Corpol</i>	ration adopts the following
A. If amending name, enter the new name of the corporation	<u>on:</u>	
		The new
name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbre	viation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	5228 163rd	Pcith
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Live Oak, FL	32060
	·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5228 163rd P	ath
	Live oak, FL 3	32060
		# E 82
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac		PAC MAY 25 BE Of the AHASS
Name of New Registered Agent:	canny Santiago	Mg P II
<u>529</u>	canny Santiago	25 53
New Registered Office Address:	(Florida street addres	s) 5. 6
Liv	e oak.	Florida 3 2060
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Albereby accept the appointment as registered agent. I am fan		of the position.
	Amse.	
Sig	gnature of New Registered Agent, if c	hanging

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 a change, Mike Jones le Mike Jones, V as Remov	aves the corporation	on, Sally Smith is named the V and S. These si	PST and Mike Jones is listed as the V. There is hould be noted as fulfit Doc T as a Change,			
Example: X Change X Remove X Add	PT John D V Mike J SV Sally S	ones	25 PH 2: 40			
Type of Action (Check One)	<u>Title</u>	Name	Address			
1) Change Add	<u>D</u>	NOBLES RANDY K.	14952 US Hwy 90 Live Dark Fr 32060			
Remove 2) Change Add	<u>D</u>	LAWSON, WALTERT.	14952 US HWY 90 Live Oak PC 32260			
	<u> </u>	NOBLES, ROHNY W.	14952 US HUM 90 Live Oak, FL 32060			
4) Change Add	<u> </u>	DAVILA, JUAN C.	5228 163rd Path Live 10416, FL 32060			
Remove Change Add	<u>V</u>	ANARO, ARNANDO	16101 54th PL Live Cak, FL 32000			
Remove 6) Change Add	T	THOMASON RAE ANW	9446 135 th Dr. LIVE OUK, FL 32060			
E. <u>If amending or addi</u> (attach additional she		icles, enter change(s) here: (Be specific)				
		ounny Santiago (Name				
path live cak FL 32EXOD. (Address)						
		 -	-			

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2: 5 5	
	
The date of each amendment(s) adoption: Saturday, May 14, 2022. if other that date this document was signed.	n the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	e
Adoption of Amendment(s) (CHECK ONE)	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated 5/20/2022	
Signature (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Title of person signing) President (Title of person signing) President (Title of person signing)	FILEU
FLERIE Z. E	>