NO.5000 /2151

| (Re | equestor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Address) | | | | |
| (Ac | idress) | | | |
| (Ci | ty/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | usiness Entity Nar | me) | | |
| (Dx | ocument Number) |) | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | GEORGETOWN HO | MEOWNERS ASSO | CIATION | |
|------------------------------------|---|---|-----------------------------|---|
| N05 DOCUMENT NUMBER: | 000012151 | | | |
| The enclosed Articles of Amend | | | | |
| Please return all correspondence | concerning this matter | to the following: | | |
| Rebecca Furlow | | | | |
| | (| Name of Contact Per | rson) | |
| Leland Management | | | | |
| | | (Firm/ Company) | · | |
| 6972 LAKE GLORIA BLVD | | | | |
| | | (Address) | | |
| Orlando, FL 32809 | | | | |
| | (| City/ State and Zip C | ode) | , , , , , |
| bearlisle@lelandmanagement.co | om | | | |
| E-ma | Taddress: (to be used | for future annual repo | ort notification | n) |
| For further information concerni | ng this matter, please c | all: | | |
| Bernadette Carlisle | | at _ | 407-781-578 | |
| (Na | ne of Contact Person) | ı | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the follo- | ving amount made pay | able to the Florida D | epartment of S | State: |
| | S43.75 Filing Fee & U Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certifi Certifi | 0 Filing Fee icate of Status ied Copy tional Copy is sed) |
| <u>Mailing Addr</u> Amendment S | | | et Address endment Secti | on |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as curren | tly filed with the Flor | ida Dept. of State) | | |
|---|--------------------------------|---------------------------|--------------|--|
| (Document Numb | per of Corporation (if k | nowni | | |
| Pursuant to the provisions of section 617.1006. Florida Statute amendment(s) to its Articles of Incorporation: | es, this <i>Florida Not Fo</i> | r Profit Corporation ado | pts the foll | owing |
| A. If amending name, enter the new name of the corporat | ion: | | | |
| | | | | e new |
| name must be distinguishable and contain the word "corpora" "Company" or "Co." may not be used in the name. | tion" or "incorporated | I" or the abbreviation "C | orp," or " | Inc." |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> |) | | | |
| | 417-7-0 | | | |
| C. Enter new mailing address, if applicable: | * 11.11 | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | · | <u> </u> | |
| | | | # 1 | ֓֞֓֓֓֓֓֓֓֓֓֓֓֓֟֓֓֓֟֓֓֓֟֓֓֓֟֓֓֓֟֓֓֟֓֓֟֓֟֓֓֟֓֟ |
| | | | <u> </u> | 30 |
| D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office: | | enter the name of the | | 30 ##.6:2 |
| Name of New Registered Agent | | | 3+ | 21 |
| | (FI | orida street address) | | |
| <u>New Registered Office Address:</u> | | | | |
| | (City) | , Florida, Zip Co. | | |
| New Registered Agent's Signature, if changing Registered Thereby accept the appointment as registered agent. I am fa | Agent: | · | | |
| | | | | |
| | Januture of New Regist | ered Agent, if changing | <u> </u> | |

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>Mi</u> | <u>n Doe</u> ke Jones ly <u>Smith</u> | |
|----------------------------------|--------------------|---|-----------------------|
| Type of Action (Check One) | <u>Title</u> | . <u>Name</u> | <u>Addres</u> s |
| 1) X Change | P | Jessica H Mason | 6972 LAKE GLORIA BLVD |
| Change . | | | Orlando, FL 32809 |
| Remove | | | |
| | P | Tyler H Myers | 6972 LAKE GLORIA BLVD |
| 2) Change | | | Orlando, FL 32809 |
| Add X Remove | | | |
| 3)Change | S | Shri T Parson | 6972 LAKE GLORIA BLVD |
| X Add | | _ | Orlando, FL 32809 |
| Remove | | | |
| | Т | Mackenzie Blanchard | 6972 LAKE GLORIA BLVD |
| 4) Change X | | | Orlando, FL 32809 |
| Add Remove | | | |
| | D | Belynda McCurry | 6972 LAKE GLORIA BLVD |
| 5) Change X Add | | | Orlando. FL 32809 |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| f amending or adding additional Ar utach additional sheets, if necessary). | (Be specific) | | | | | | |
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| The | date of each amendme | 05/21/2019 nt(s) adoption: | , if other than the |
|------------|---|---|--------------------------------|
| | this document was signe | | |
| Effe | ective date if applicable | | |
| | | (no more than 90 days after amendment file date) | |
| Not doc | te: If the date inserted in ument's effective date on | this block does not meet the applicable statutory filing requirements, this of the Department of State's records. | date will not be listed as the |
| Ado | option of Amendment(s) | (CHECK ONE) | |
| | The amendment(s) was/ was/were sufficient for | were adopted by the members and the number of votes cast for the amend approval. | ment(s) |
| | There are no members of adopted by the board of | or members entitled to vote on the amendment(s). The amendment(s) was f directors. | /were |
| | 08/4 Dated | 02/2019 | |
| | Signature | he chairman or vice chairman of the board, president or other officer-if dir | rectors |
| | have | e not been selected, by an incorporator – if in the hands of a receiver, truster court appointed fiduciary by that fiduciary) | ec, Or |
| | | Jessica Mason | |
| | - | (Typed or printed name of person signing) | |
| | | President | |
| | • | (Title of person signing) | |