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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: South Fork of	Hillsborough County III Ho	omeowners Ass	ociation, Inc.
N06000001406			
DOCUMENT NUMBER:			<u></u>
The enclosed Articles of Amendment and fee ar	e submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
Nathan A. Frazier, Esq.			
	(Name of Contact Pe	erson)	
Frazier Law Group, Pi.LC			
	(Firm/ Company	·)	
202 South Rome Avenue, Suite 125			
	(Address)		
Tampa, FL 33606			,
	(City/ State and Zip	Code)	
registeredagent@frazierbrownlaw.com			
E-mail address: (to b	e used for future annual rep	port notification)
For further information concerning this matter.	please call:		
Nathan A. Frazier, Esq.	at	(813)	603-8600
(Name of Contact		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Florida	Department of :	State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee Certificate of S	Fee & \$\textstyle \textstyle	Certif is Certif	D Filing Fee feature of Status fed Copy tional Copy is used)
Mailing Address Amendment Section		reet Address nendment Secti	on

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

Articles of Amendment to Articles of Incorporation of

South Fork of Hillsborough County III Homeown	ers Associa	tion, Inc.		
(Name of Corporation	as current	lly filed with the Florida Dept	. of State)	
N06000001406				
(Docur	nent Numb	er of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida Not For Profit</i> (Corporation adopts th	ie following
A. If amending name, enter the new name of the	e corporati	on:		
				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ion" or "incorporated" or the	abbreviation "Corp."	" or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		202 South Rome Avenue		
		Suite 125		
		Tampa, FL 33606		
C. Enter new majling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		202 South Rome Avenue		_
		Suite 125		SEC
		Tampa, FL 33606		AC.
D. If amending the registered agent and/or reginer registered agent and/or the new register	stered office a	e address in Florida, enter th	e name of the	AKY U
Name of New Registered Agent:		aw Group, PLLC		<u> </u>
	202 South Rome Avenue, Suite 125			<u> </u>
New Registered Office Address:	- 	(Florida stree	t address)	***
	Tampa		Florida 33606	;
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered nt. I am fai	Agent: miliar with and accept the oblig	gations of the position	i.
•	25	Ignature of New Registered Ago	ent, 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 <math>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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	$\overline{\underline{\mathbf{V}}}$ $\overline{\underline{\mathbf{M}}}$	h <u>n Doe</u> ike Jones <u>dly Smith</u>	LAHASSEE
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address FLORIDE 30
1) Change	Р	Hile, Frank	2005 Pan Am Circle
Add			Suite 120
X Remove			Tampa, FL 33607
2) X Change	V	Masters, Christopher	202 South Rome Avenue
Add			Suite 125
Remove			Tampa, FL 33607
X Change	P	Brisette, Hope	202 South Rome Avenue
Add			Suite 125
Add			Tumpa, FL 33607
4) X Change	D	Exceus, Nodale	202 South Rome Avenue
Add			Suite 125
Remove			Tampa, FL 33607
5) Change	Т	Batista, Hector	202 South Rome Avenue
$\frac{X}{X}$ Add			Suite 125
Aud			Tampa, FL 33607
6) Change	S	Pedapudit, Sreenivasa	202 South Rome Avenue
<u>v</u>			Suite 125
Add Remove			Tampa, FL 33607

amending or adding additional Art ttach additional sheets, if necessary).	(Be specific)					
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Γhe.	date of each amendment(s) adoption:	, if other than the
iate	this document was signed.	
Effe	ective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
<u>Not</u>	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not burnent's effective date on the Department of State's records.	e listed as the
Ado	option of Amendment(s) (CHECK ONE)	
B	The smendment(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	
	Signature (By the 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)	
	Chaundel Kaiser	
	(Typed or printed name of person signing)	
	Manager (Title of person signing)	