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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bı | usiness Entity Name | e) |
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| Certified Copies | Certificates o | of Status |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | ver Marina Estates Homeov | vners Association | , Inc. | |
|--|-------------------------------|--------------------------|--------------------|--|
| N06000 DOCUMENT NUMBER: | 9003017 | | | |
| The enclosed Articles of Amendmen | at and fee are submitted for | filing. | | |
| Please return all correspondence con | corning this matter to the fo | ollowing: | | |
| Stephanie Harris | | | | |
| | (Name of | f Contact Person) | | |
| Signature Property Management, LI | .C | | | |
| | (Fire | n/ Company) | - | |
| 459 NW Prima Vista Blvd | | | | |
| | (| Address) | _ | |
| Port St Lucie, FL 34983 | | | | |
| - | (City/ Sta | nte and Zip Code) | | |
| stephanie@signaturepropertymgmt. | com | | | |
| E-mail ad | dress: (to be used for future | e annual report no | tification |) |
| For further information concerning the | his matter, please call: | | | |
| Stephanie Harris | | 772 at | | 219-4474 |
| (Name o | of Contact Person) | | a Code) | (Daytime Telephone Number) |
| Enclosed is a check for the following | g amount made payable to t | he Florida Depart | ment of S | State: |
| | | ed Copy ional copy is | Certifi Certifi | Filing Fee cate of Status ed Copy ional Copy is sed) |
| Mailing Address | | Street A | ddress | |

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

River Marina Estates Homeowners Association, Inc.

| (Name of Corporation as curren | tly filed with the F | lorida Dept. of State) |
|--|-----------------------------|---|
| N06000003017 | | |
| (Document Numb | er of Corporation (i | f known) |
| Pursuant to the provisions of section 617.1006. Florida Statute imendment(s) to its Articles of Incorporation: | es, this <i>Florida Not</i> | For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporati | ion: | |
| | | The new |
| name must be distinguishable and contain the word "corporal "Company" or "Co." may not be used in the name. | tion" or "incorpora | ted" or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) |) | <u> </u> |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | - | N SER |
| | | |
| | | |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a | | la, enter the name of the |
| Name of New Registered Agent: | | |
| No. Positional Office (Alberta | | (Florida street address) |
| New Registered Office Address: | | |
| | | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fai | | pt the obligations of the position. |
| | | |
| | ignature of New Res | istered Agent, 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>Mike</u> | Doe e Jones y Smith | |
|----------------------------------|----------------------|---------------------------|-------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | | Lori Rose | |
| Add XX Remove | | | |
| 2) XX Change | P, T | Kim Hauck | 3232 SE Dixie Hwy |
| Add | | | Unit B |
| Remove | | | Stuart, FL 34997 |
| 3) XX Change | <u>s</u> | Barbara Plasse | 3232 SE Dixie Hwy |
| Add | | | Unit B |
| Remove | | | Stuart, FL 34997 |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | <u> </u> |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Art (attach additional sheets, if necessary). | (Be specific) |
|---|---------------|
| (and a day north sire as, y necessary). | (be opening) |
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| July 24, 2018 | |
|--|--------------------|
| The date of each amendment(s) adoption: | , if other than th |
| date this document was signed. | |
| Effective date if applicable: | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records. | be listed as the |
| 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 13 August 2018 | |
| Signature Rim Huick | |
| (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) | |
| Kim Hauck | |
| (Typed or printed name of person signing) | |
| President / Treasurer | |
| (Title of person signing) | |