# N0600000 3669

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SECRETARY OF STATE

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### COVER LETTER

TO: Amendment Section Division of Corporations

Olsen Crest Hon NAME OF CORPORATION:	neowners Association, Inc.
N06000003669	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filling.
Please return all correspondence concerning this	matter to the following:
Kathleen Carlson	
	(Name of Contact Person)
My HOA Services, LLC	
	(Firm/ Company)
1615 Village Square Blvd. Suite 3	
	(Address)
Tallahassee, FL 32309	
	(City/ State and Zip Code)
myhoaservices@gmail.com	
E-mail address: (to be	used for luture annual report notification)
For further information concerning this matter, p	lease call:
Kathy Carlson	850.222.9730 at
(Name of Contact Po	
Enclosed is a check for the following amount ma	ide payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta	
Mailing Address	Street Address

#### Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### Articles of Amendment to Articles of Incorporation of

## FILED

2022 FEB -7 PM 3: 14

(Name of Corporation as currently filed with the Flo	rida Dept. of State)	SECRETARY OF STAT TALLAHASSEE.FL
Olsen Crest Homeowners Association, Inc.	TALLAHASSEE.FL	
(Document)	Number of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006, Florida samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For P</i>	rofit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
Olson Crest Homeowners Association, Inc.		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated" c	
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDI</u>	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0	
<ul> <li>If amending the registered agent and/or registere new registered agent and/or the new registered o</li> </ul>		ter the name of the
Name of New Registered Agent:		
	(Floria	la street address)
New Registered Office Address:		
		, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I		obligations of the position.
<u> </u>	Signature of New Registere	d 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove — Add Remove			
4) Change Add	-		
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
		onal Articles, enter change(s) here: essary). (Be specific)	
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The date of each amendment(s) adoption:	January 1, 2022				if other than the
date this document was signed.					
Effective date if applicable:					
(n	o more than 90 day	s after amendment file	e date)		
Note: If the date inserted in this block does document's effective date on the Department	not meet the applic t of State's records.	able statutory filing re	quirements, this da	ite will not be	e listed as the
Adoption of Amendment(s)	CHECK ONE)				
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and	the number of votes co	ast for the amendn	nent(s)	

adopted b	y the boa	rd of directors.
ľ	Dated	February 1, 2022
	ignature	+ Misses A alle
(	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)	
		George Allen
		(Typed or printed name of person signing)
		President