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2018 NOV -2 PM 2: 32

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Pre NAME OF CORPORATION:	serve at Sunrise Home	owners Associatio	n, Inc	
N06000				
DOCUMENT NUMBER:	•		-	
The enclosed Articles of Amendmen	<i>u</i> and fee are submitted	for filing.		
Please return all correspondence con	cerning this matter to the	he following:		
Michael Miller				
	(Nan	ne of Contact Pers	on)	
Empire Management Group, Inc				
	(	Firm/ Company)		
770 Almond Street, Ste A				
		(Address)		
Clermont, Fl 34711				
	(City	/ State and Zip Co	ode)	
mmiller@empiremanagementgrp.co	m			
E-mail ad	ldress: (to be used for f	uture annual repor	t notification	)
For further information concerning t	his matter, please call:			
Michael Miller		3 at	52	535-0099
(Name o	of Contact Person)		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following	g amount made payable	to the Florida De	partment of S	State:
	(A	3.75 Filing Fee & rtified Copy dditional copy is iclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address	20		et Address	

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

FILED

Preserve at Sunrise Homeowners Association, Inc.

2018 NOV -2 PM 2: 32

(Name of Corporation as cu	rrently filed with the Florida Dept. of State)	
N06000004468		TALLAHI
(Document N	Sumber of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For Profit Corporation :	adopts the following
A. If amending name, enter the new name of the corp	eration:	
n/a		
name must be distinguishable and contain the word "corp"Company" or "Co." may not be used in the name.	poration" or "incorporated" or the abbreviation	"Corp." or "Inc."
B. Enter new principal office address, if applicable:	n/a	
(Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a	
D. If amending the registered agent and/or registered	office address in Florida, enter the name of the	<u>c</u>
new registered agent and/or the new registered off	<u>ice address:</u>	
Name of New Registered Agent:		
Now Brainton of Office (111	(Florida street address)	
New Registered Office Address:		
n/a	, Florida	
	(City) (Zip)	Code)
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I at	ered Agent: m familiar with and accept the obligations of the p	position.
<del></del>	Signature of New Registered Agent, if changin	

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.

X Change X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	SD	Chris Tyree	770 Almond St
Add	-		Ste A
x Remove			Clermont, Fl 34711
2) Change	SD	Tony Iorio	770 Almond Street
x Add			Ste A
Remove			Clermont, Fl 34711
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
, Add			
Remove			

E. If amending or adding additional Article (attach udditional sheets, if necessary).	icles, enter change(s) here: (Be specific)
n/a	
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<del></del>	
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The date of each amendment(s) ad-	option:	, it other than the
date this document was signed.		
May Effective date if applicable:	7, 2018	
<del></del>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad was/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(s) it.	
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated	/30/18	
Signature		
have not bee	man or vide chairman on the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Stephen (	Orosz.	
	(Typed or printed name of person signing)	
President	ı	
<del></del>	(Title of person signing)	

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