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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MARIA VISTA HOMEOV	VNERS ASSOCIATION, INC.
N06000005499 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted	for filing.
Please return all correspondence concerning this matter to th	e following:
DENISE ABERCROMBIE	
(Nam	c of Contact Person)
HIGHLAND COMMUNITY MANAGEMENT	
(1	Firm/ Company)
3020 S. FLORIDA AVE. SUITE 305	
	(Address)
LAKELAND, FL 33803	
(City/	State and Zip Code)
d.abercrombie@hemanagement.org	CMANAGEMENT, CVG
For further information concerning this matter, please call:	_
DENISE ABERCROMBIE	863 940-2863 at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable	to the Florida Department of State:
(Ad	2.75 Filing Fee & S52.50 Filing Fee tified Copy Certificate of Status ditional copy is closed) Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

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

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2018 AUG 27 AM 10: 01

MARIA VISTA HOMEOWNERS ASSOCIATION, INC.

(Name of Corporation as cu	rrently filed with the Flor	rida Dept. of State) ARY OF S
N06000005499		TALLAHASSEE.
(Document N	umber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
	*****	The new
name must be distinguishable and contain the word "corp <u>"Company" or "Co." may not be used in the name</u> .	poration" or "incorporated	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered	office address in Florida.	, enter the name of the
new registered agent and/or the new registered off		
Name of New Registered Agent:		
New Registered Office Address:		lorida street address)
· · · · · · · · · · · · · · · · · · ·		الالمساطة
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a		t the obligations of the position.
	Signature of New Regis	tered 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>Mik</u>	n <u>Doc</u> te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	P	FRED LINTZ	5060 LUNN ROAD
Add X Remove			LAKELAND, FL 33803
2) Change	v	DAVID MARSHALL	5060 LUNN ROAD
Add X Remove			LAKELAND, FL 33803
3) Change	S/T	MISTY VARNER	5060 LUNN ROAD
Add X Remove			LAKELAND, FL 33803
4) Change Add Remove			
5) Change Add			
Remove 6) Change Add			
Remove		Page 2 of 4	

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(see next page)

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.

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Example: X Change X Remove X Add	V Mik	n Doc se Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	STEVEN GLENN	3020 S FLORIDA AVE #305
X Add			LAKELAND, FL 33803
Remove			
2) Change	v	DAVID JOUBERT	3020 S. FLORIDA AVE #305
X Add			LAKELAND, FL 33803
Remove			
3) Change	<u>s</u>	DELORES WASHINGTON	3020 S. FLORIDA AVE #305
X Add			LAKELAND, FL 33803
Remove			
4) Change	Т	JOHN STEWART	3020 S. FLORIDA AVE. #305
X Add			LAKELAND, FL 33803
Remove			
5) Change	D	JAVIER CRESPO	3020 S. FLORIDA AVE. #305
X Add			LAKELAND, FL 33803
Remove			
6) Change			
-			
Add			
Remove			

E. If amending or adding additional Ar (attach additional sheets, if necessary).	(Be specific)			
		···· -	 	
				
				

		8/14/18	
		dment(s) adoption:	, if other than the
iate	this document was	·	
Effe	ctive date if applic	8/14/2018 able:	
		(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will not te on the Department of State's records.	be listed as the
Ado	ption of Amendme	ent(s) (<u>CHECK ONE</u>)	
Ø	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) t for approval.	
	There are no membadopted by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	8/14/2018	
	Signature	Dum	
	((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)	
		FRED LINTZ	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	