No 60000005957

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S. TALLENT

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COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION:	N POINTE OF SPRING H	ILL HOMEOWNE	RS ASSOCIATION, INC.
DOCUMENT NUMBER:	957		
The enclosed Articles of Amendment and	I fee are submitted for filing.		
Please return all correspondence concerni	ing this matter to the followin	g:	
Mike Miller			
	(Name of Conta	et Person)	
Empire Management Group, Inc.			
	(Firm/ Con	pany)	
1135 East Avenue			
	(Addres	ss)	
Clermont, FL 34711			
	(City/ State and	Zip Code)	
mmiller@empiremanagementgrp.con	n		/
E-mail address	s: (to be used for future annua	al report notification	n)
For further information concerning this m	atter, please call:		
Mike Miller		352 at	535-0099
(Name of Co	ontact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amo	ount made payable to the Flor	ida Department of	State:
	Filing Fee & \$\Bigs\\$43.75 Filing te of Status Certified Cop (Additional centlosed)	y Certifi opy is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		Street Address Amendment Secti	
Amenament Section Division of Corporation	18	Division of Corpo	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CROWN POINTE	OF SPRING	HILL HOMEON	NNERS ASSOCIA	TION INC.

(Name of Corporation as current	ntly filed with the Flor	ida Dept. of State)
N06000005957		
(Document Num	ber of Corporation (if ki	nown)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
n/a		The new
name must be distinguishable and contain the word "corpord "Company" or "Co," may not be used in the name.	ition" or "incorporated	
B. Enter new principal office address, if applicable:	n/a	≅on · ™
(Principal office address MUST BE A STREET ADDRESS)	AND AND
		<u> </u>
Enter new mailing address, if applicable:	n/a	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		79
 If amending the registered agent and/or registered offi new registered agent and/or the new registered office 		enter the name of the
Name of New Registered Agent:		
Name of New Registered Agent.	 	
	(Fl	orida 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 for		the obligations of the position.
 -	ar , (h) D	1.4
	Μυ <i>ησιμέρ οι Αγί</i> ν Regist	ered 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>Mi</u>	nn <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	Jeffrey D. Thorson	1135 East Avenue
Add			Clermont, FL 34711
X Remove			
2) Change	Р	Sharon Eckert	1135 East Avenue
× Add			Clermont, FL 34711
Remove			
3) Change	VPD	David Page	1135 East Avenue
Add			Clermont, FL 34711
X Remove			
4) Change	VP/S	Katie Ward	1135 East Avenue
X Add			Clermont, FL 34711
Remove			
5) Change	STD	Sally McFolling	1135 East Avenue
Add			Clermont, FL 34711
X Remove			
6) Change	Т	Paul Riley	1135 East Avenue
x Add			Clermont, FL 34711
Remove			

E. If amending or adding additional Articles, enter change(s) her (attach additional sheets, if necessary). (Be specific)	r <u>e</u> :	
n/a		

•	5/30/17	
The date of each amendment(s) a	deption:, if other the	an the
date this document was signed.		
5/3 Effective date if applicable:	0/17	
Etietive date <u>a significan</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bi document's effective date on the D	ock does not meet the applicable statutory filing requirements, this date will not be listed as the opartment of State's records.	æ
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were awas/were sufficient for approx	dopted by the members and the number of votes cast for the amendment(s)	
There are no members or men adopted by the board of direct	abers entitled to vote on the amendment(s). The amendment(s) was/were tors.	
Dated 6/28/17	4	
Stoneture	ton the	
(By the cha	rman or vice chairman of the board, president or other officer-if directors	
	een selected, by an incorporator — if in the bands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	Sharon Eckert	
-	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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