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SECRETARY OF STATE
TALLAHASSED FLORID

MAY 1 8 2017

S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	WIND MEADOWS I	HOMEOWNERS A	ASSOCIA	TION.	, INC.
DOCUMENT NUMBER:	N06000006651				
The enclosed Articles of Am	endment and fee are subm	nitted for filing.			
Please return all corresponde	ence concerning this matter	r to the following:			
Denise Abercrombie					
		(Name of Contact	Person)		
Highland Community Mana	gement, LLC				
	··	(Firm/ Compa	ny)		
3020 S. FLorida Ave., Suite	305				
		(Address)			
Lakeland, FL 33803					
	(City/ State and Zip	p Code)		
info@hcmanagement.org					
Е	-mail address: (to be used	for future annual re	eport noti	fication)
For further information conc	erning this matter, please o	eall:			
Denise Abercrombie		s	863		940-2863
	(Name of Contact Person)		(Area (Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida	Departm	ent of S	State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	3\$43.75 Filing Fe Certified Copy (Additional copy enclosed)		Certifi Certifi	D Filing Fee cate of Status ed Copy is sed)
Mailing A	ddress	Street 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

(Name of Corporation as current	<u>ly filed with the Flo</u>	orida Dept. of State)	
N06000006651			
(Document Number	r of Corporation (if	known)	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	, this <i>Florida Not F</i>	For Profit Corporation adopts the follow	wing
A. If amending name, enter the new name of the corporation	<u>on:</u>		
		The	new
name must be distinguishable and contain the word "corporati "Company" or "Co," may not be used in the name.	on" or "incorporate	ed" or the abbreviation "Corp." or "In	ıc. "
B. Enter new principal office address, if applicable:		Fo	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		FC 7	
		+	
•		<u> </u>	
C. Enter new mailing address, if applicable:			2 5
(Mailing address MAY BE A POST OFFICE BOX)			(
		물리 불	
	<u> </u>		л
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 office ad			
Name of New Registered Agent:			
	0	Florida street address)	
New Registered Office Address:		,	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered A	gent.		
hereby accept the appointment as registered agent. I am fam		t the obligations of the position.	
	_		
Sig	nature of New Regis	stered 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	SD	Steven Fletcher	3020 S FLORIDA AVE STE 305
Add			LAKELAND, FL 33803
x Remove			
2) Change	D	Eddrena Thornton	3020 S FLORIDA AVE STE 305
Add			LAKELAND, FL 33803
x Remove			
3) Change	D	Scott Smith	3020 S FLORIDA AVE STE 305
x Add			LAKELAND, FL 33803
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
O Ch			
6) Change			
Add			
Remove			

. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)		
			
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			<u> </u>
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			 .
			

	e date of each amen e this document was			5/17				, if other than the
Eff	ective date <u>if applic</u>	able:						
			(no mo	ore than 90 days	s after amendn	ient file date)	·	
	te: If the date inserte ument's effective da				ble statutory fi	ling requirements	s, this date will no	ot be listed as the
Ada	option of Amendme	ent(s)	(<u>CHE</u>	ECK ONE)				
	The amendment(s) was/were sufficient			members and the	ne number of v	otes east for the a	amendment(s)	
	There are no membadopted by the box			to vote on the an	nendment(s).	The amendment(s	s) was/were	
	Dated	5/15/17	+ /					
	Signature		\cdot \times					
		have not been	ı selected, b		or – if in the ha	nt or other officer ands of a receiver.		
	•	Crystal Tu	ıcker				g. 9	1
				(Typed or prir	nted name of p	erson signing)	ALLA	SECRE THAT
		President					بي با د	- R
				T)	itle of person s	igning)		See See Co