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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	SAVANNAH RIDGI N:	E HOMEOWNER	S ASSOCIAT	ION, INC
DOCUMENT NUMBER:	N06000007833			
The enclosed Articles of Am	endment and fee are subm	nitted for filing.		
Please return all corresponde	nce concerning this matter	r to the following:		
Mike Miller				
		(Name of Contact I	Person)	***************************************
Empire Management Gro	up, Inc.			
		(Firm/ Compar	y)	
1135 EAST AVENUE				
<u> </u>		(Address)		
CLERMONT, FL 34711				
	(City/ State and Zip	Code)	
mmiller@empiremanagen	nentgrp.com			
<u> </u>	mail address: (to be used	for future annual re	port notification	on)
For further information conce	erning this matter, please o	all:		
Mike Miller		91	Ĺ	352-535-0099
	Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	343.75 Filing Fee Certified Copy (Additional copy enclosed)	Certi is Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section			reet Address	tion

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

SAVANNAH RIDGE HOMEOWNERS ASSOCIATION, INC

(Name of Corporation	as curren	tly filed with the Florida	Dept. of State)	
N06000007833				
(Досит	nent Numb	er of Corporation (if know	n)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida Not For Pr</i>	ofit Corporation adopts the	ne following
A. If amending name, enter the new name of the	e corporati	on:		
n/a				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ion" or "incorporated" o	r the abbreviation "Corp.	" or "Inc."
B. Enter new principal office address, if applica	ıble:	1135 EAST AVENUE		ASS.
(Principal office address <u>MUST BE A STREET A</u>		CLERMONT, FL 3471	1	02.27
				LOS STA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	1135 EAST AVENUE		gra .
		CLERMONT, FL 3471	1	
D. If amending the registered agent and/or regineral new registered agent and/or the new register			er the name of the	
		MANAGEMENT GROU	P, INC.	
<u>Name of New Registered Agent:</u>	1135 FA	ST AVENUE		
New Registered Office Address:			ı street address)	
	CLERMO	ONT	3471 , Florida	1
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing land land land land land land land land	nt. I am fai	miliar with and following the	obligations of the position	1.
	S	ignature of Ne w Registered	l 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.

X Change X Remove X Add	<u>V</u> <u>M</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	WAYNE H. GEY	310 ALMOND ST
Add			CLERMONT, FL 34711
X Remove			
2) Change	DP	ROBERT HOGAN	310 ALMOND ST
Add			CLERMONT, FL 34711
X Remove	DV	JEROME KOCIELKO	310 ALMOND ST
3) Change			CLERMONT, FL 34711
X Remove			
4) Change	ST	BONITA KOCIELKO	310 ALMOND ST
Add			CLERMONT, FL 34711
X Remove			
5) Change	Р	BEN SNYDER	1135 EAST AVENUE
X Add			CLERMONT, FL 34711
Remove			
6) Change	VP	GEORGE TSUNIS	1135 EAST AVENUE
X Add	_		CLERMONT, FL 34711
Remove			

E. If amending or addi (attach additional she	ets, if necessary). (B	e specific)			
N/A					
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		dment(s) adoption:	, it other than the
date	this document was	· ·	
Effe	ctive date <u>if applic</u>	10/21/15 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>)	
	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 box	pers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	10/27/15	
	Signature	the state	
		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)	
		BEN SNYDER	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	