N0000011154

| (Re | questor's Name) | |
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| (Ad | dress) | |
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| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bi | isiness Entity Nar | me) |
| (Do | ocument Number) | <u></u> |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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OCT 2 5 2017

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION | HILLS OF ARIETTA | A HOMEOWNERS A | ASSOCIATIO | N, INC | _ |
|--------------------------------|---|--|--------------------|--|---|
| | N06000011154 | | | | |
| DOCUMENT NUMBER: | - | | | •. • | |
| 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 Per | rson) | | |
| HIGHLAND COMMUNIT | Y MANAGEMENT, LLC | | | | |
| | | (Firm/ Company) |) | | |
| 3020 S. Florida Ave., Suite | 305 | | | | |
| (b), 1(| | (Address) | | | _ |
| Lakeland, FL 33803 | | | | | |
| | (| (City/ State and Zip C | ode) | | _ |
| info@hemanagement.org | | | | | |
| Е | -mail address: (to be used | for future annual repo | ort notification | n) | _ |
| For further information conc | erning this matter, please o | call: | | | |
| Denise Abercrombie | | | 863 | 940-2863 | |
| | (Name of Contact Person) | | | (Daytime Telephone Number) | _ |
| Enclosed is a check for the fo | ollowing amount made pay | able to the Florida D | epartment of ! | State: | |
| \$35 Filing Fee | S43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certifi Certifi | 0 Filing Fee icate of Status ied Copy tional Copy is osed) | |
| N4-:1: A | 44 | 6. | | | |

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILEL

2017 OCT 24 PH 2: 12

HILLS OF ARIETTA HOMEOWNERS ASSOCIATION, INC.

| N06000011154 | rurrently filed with the Florida Dept. of State) | |
|---|--|------|
| <u></u> | Number of Corporation (if known) | |
| | Statutes, this Florida Not For Profit Corporation adopts the follow | ring |
| A. If amending name, enter the new name of the cor- | poration: | |
| | The i | |
| name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name. | orporation" or "incorporated" or the abbreviation "Corp." or "In | c. " |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u> | | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> |) | |
| If amending the registered agent and/or registere | ed office address in Florida, enter the name of the | _ |
| new registered agent and/or the new registered of | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | (Florida street address) | |
| | | |
| | , Florida | |
| New Registered Agent's Signature, if changing Regis hereby accept the appointment as registered agent. I | stered Agent: am familiar with and accept the obligations of the position. | |
| | Signature of New Registered 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> | <u>1 Doe</u> <u>e Jones</u> y Smith | |
|-----------------------------------|---------------------|---|--|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | VP | ANGELA RACHAL | 161 VIOLA DR |
| Add | | | AUBURNDALE, FL 33823 |
| X Remove | | | |
| 2) Change | D | JONATHAN WOODHAM | 107 VIOLA DRRIVE |
| Add | | | AUBURNDALE, FL 33823 |
| X Remove | | | |
| 3) X Change | VP | WILLIAM BROWN | 526 RENEE DRIVE |
| Add | | | AUBURNDALE, FL 33823 |
| Remove | | | |
| 4) Change | | | _ |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | <u>. </u> |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| ttach additional sheets, if necessary). | icles, enter change(s) here: (Be specific) |
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| The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: (no n | more than 90 days after amendment file date) | , if other than the |
| Note: If the date inserted in this block does not document's effective date on the Department of | t meet the applicable statutory filing requirements, this date will no f State's records. | t be listed as the |
| Adoption of Amendment(s) (CH | HECK ONE) | |
| ☐ The amendment(s) was/were adopted by the was/were sufficient for approval. | he members and the number of votes cast for the amendment(s) | |
| There are no members or members entitled adopted by the board of directors. Dated | d to vote on the amendment(s). The amendment(s) was/were | |
| have not been selected, | e chairman of the board, president or other officer-if directors, by an incorporator – if in the hands of a receiver, trustee, or induciary by that fiduciary) | |
| MARK | (Typed or printed name of person signing) | |
| Py | (Title of person signing) | |