N06000012410

| (Requestor's Name) | | | | |
|---------------------------|--------------------|--|--|--|
| | | | | |
| (Ad | dress) | | | |
| | | | | |
| (Ad | dress) | | | |
| · | · | | | |
| (Cit | y/State/Zip/Phone | <u>, </u> | | |
| (Oil | y/Otate/Elp/i Hone | - ") | | |
| PICK-UP | WAIT | MAIL | | |
| | | | | |
| (Bu | siness Entity Nan | ne) | | |
| | | | | |
| (Do | cument Number) | | | |
| • | , | | | |
| Cortified Copies | Cartificator | of Status | | |
| Certified Copies | _ Centificates | or Status | | |
| | | | | |
| Special Instructions to I | Filing Officer: | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



000321777350

2018 DEC 13 PH 4: 11
SECRETARY OF STATE
ORIGINAL SECRETARY OF STATE

12/14/18--01006--006 **85.00

10 (FI) 30 (FI) 30 (S) 31 (S)

DEC 1 A 2018 C MCNAIR

| CORPORATE |
|-----------|
| ACCESS. |

When you need ACCESS to the world

INC.

SPECIAL INSTRUCTIONS:

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

| | PICK UP | P: <u>12/1</u> | 13 LAUREN | PSS TO |
|-----|-------------------------------|----------------|-------------|----------|
| П | CERTIFIED COPY | | | PK 4: 12 |
| _ | - | | | |
| XX | РНОТОСОРУ | | | |
| | CUS _ | | | |
| xx | FILING _ | AMENDMENT | Г | |
| т | 'WO LAKES OWNER'S ASS | SOCIATION | INC | |
| | CORPORATE NAME AND DOCUMENT | | , IIIC. | · · |
| | | | | |
| | CORPORATE NAME AND DOCUMENT # | #) | | |
| () | | ") | | |
| | | | | |
| (0 | CORPORATE NAME AND DOCUMENT # | #) | | |
| | | | | |
| ((| CORPORATE NAME AND DOCUMENT # | #) | | |
| | | | | |
| | CORPORATE NAME AND DOCUMENT # | #) | | |
| (0 | ON ONATE NAME AND DOCUMENT | π) | | |
| | | | | |
| (0 | CORPORATE NAME AND DOCUMENT # | #) | | |

COVER LETTER

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

| , | | | | | -2 |
|---|---|--|------------------------|--|---------------------|
| | | COVER LETTER | | 700 | MIN DEC 13 PA 4. 12 |
| TO: Amendment Section Division of Corporatio | ns | | | 7 | 55.01 |
| NAME OF CORPORATI | Two Lakes Owner's | Association, Inc. | | | 105 |
| DOCUMENT NUMBER: | N06000012410 | | | | |
| The enclosed Articles of An | nendment and fee are subr | mitted for filing. | | | |
| Please return all correspond | ence concerning this matte | er to the following: | | | |
| Brian Howell | | | | | |
| | | (Name of Contact Person | n) | | |
| | | | | | |
| | | (Firm/ Company) | | | |
| 13180 Livingston Rd., Suite | c 204 | | | | |
| | | (Address) | | | |
| Naples, FL 34109 | | | | | |
| | | (City/ State and Zip Cod | e) | | |
| bhowell@phoenix-associate | es.com | | | | |
| F | -mail address: (to be used | for future annual report | notification | n) | |
| For further information cond | cerning this matter, please | call: | | | |
| Brian Howell | | 23 at | 9 | 596-9111 | |
| | (Name of Contact Person) | | rea Code) | (Daytime Telephone Numb | er) |
| Enclosed is a check for the f | following amount made pa | yable to the Florida Depa | artment of | State: | |
| ■ \$35 Filing Fee | □\$43.75 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 used) | |
| Mailing A Amendme | Address ent Section | | Address Iment Secti | on | |

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

Articles of Amendment to Articles of Incorporation

| | of | 2010 DEC 13 PH 4: 1 |
|--|------------------------------|---|
| TWO LAKES OWNER'S ASSOCIATION, INC. | | STORETIAN OF ASIM |
| (Name of Corporation as | currently filed with the F | orida Dept. of State AHASSEE, FLORI |
| N06000012410 | | |
| (Document | t Number of Corporation (if | known) |
| Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation: | Statutes, this Florida Not I | For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the cou | rporation: | _ |
| name must be distinguishable and contain the word "co | orporation" or "incorporat | The new |
| "Company" or "Co." may not be used in the name. | orporanon or moorporan | ou or the above that on Corp. or The. |
| B. Enter new principal office address, if applicable: | 13180 Livingston I | Rd., Suite 204 |
| Principal office address <u>MUST BE A STREET ADD</u> | | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> | 13180 Livingston I | Rd., Suite 204 |
| | Naples, FL 34109 | |
| | | |
| | | |
| If amending the registered agent and/or registered new registered agent and/or the new registered or | | a, enter the name of the |
| | ian Howell | |
| • • • • • • • • • • • • • • • • • • • | 180 Livingston Rd., Suite 2 | |
| | <u></u> | Florida street address) |
| New Registered Office Address: | | |
| Naj | ples | 34109 , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Regis | stered Agents | |
| | | the obligations of the position. |
| (| Millen | |
| _ | Signature of New Regi | stered Agent, ij 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>M</u> | hn Doe ike Jones Ily Smith | |
|----------------------------------|-------------------|----------------------------------|---------------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| I) Change | P, D | Irwin Novack | c/o Kane Furniture Corp |
| Add | | | 5700 70th Ave North |
| X Remove | | | Pinellas Park, Florida 33781 |
| 2) Change | P | Brian Howell | 13180 Livingston Rd., Suite 204 |
| Add | | | Naples, FL 34109 |
| Remove | | | |
| 3) Change | VP | Myles Stohl | 13180 Livingston Rd., Suite 204 |
| X Add | | | Naples, FL 34109 |
| Remove | | | |
| 4) Change | S, T | Randy Johns | 13180 Livingston Rd., Suite 204 |
| x Add | | | Naples, FL 34109 |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| attach additional : | dding additional Ar sheets, if necessary). | (Be specific) | | | | |
|---------------------|---|---------------|----------|---|---|-------------|
| | | <u></u> | <u>,</u> | | | |
| | | | <u>-</u> | | | |
| | | <u></u> | | | | |
| | <u> </u> | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | _ | • | - |
| • | | | | | , | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | • | | |
| | | | | | | |
| | | | | | | |
| | _ | | | | | |
| · | u- | _ | | | | |
| | | | | | | |
| | | | | · | | - |
| | | | | | | |
| | | · | | | | |

| | e date of each amendment(s) adoption:e this document was signed. | , if other than the |
|------|---|---|
| Effe | fective date if applicable: | |
| | (no more than 90 days after amendment file | e date) |
| | te: If the date inserted in this block does not meet the applicable statutory filing recomment's effective date on the Department of State's records. | quirements, this date will not be listed as the |
| Ado | option of Amendment(s) (CHECK ONE) | |
| 8 | The amendment(s) was/were adopted by the members and the number of votes ca was/were sufficient for approval. | st for the amendment(s) |
| | There are no members or members entitled to vote on the amendment(s). The amadopted by the board of directors. | endment(s) was/were |
| | Dated December 13, 2018 | |
| | Signature ### | |
| | (By the chairman or vice chairman of the board, president or ot have not been selected, by an incorporator — if in the hands of other court appointed aduction by that fiduction) | |
| | Brian Howell | |
| | (Typed or printed name of person s | igning) |
| | President | |
| | (Title of person signing |) |