## on of Corporations

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(((H15000249726 3)))



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Division of Corporations

Fax Number : (850)617-6380 array of his

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : 12000000146

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Phone : (305)444-4994

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CA high the last of the last of the \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* 

## COR AMND/RESTATE/CORRECT OR O/D RESIGN VILLAGE HOMES AT COUNTRY WALK MASTER MAINTENANCE ASS

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October 20, 2015

## FLORIDA DEPARTMENT OF STATE

VILLAGE HOMES AT COUNTRY WALK MASTER MAINTENANCE ASSOCI P.O BOX 924176 HOMESTEAD, FL 33092US

SUBJECT: VILLAGE HOMES AT COUNTRY WALK MASTER MAINTENANCE ASSOCIATION, INC. REF: 0.06980

We received your electronically transmitted document. However, the document has not been filed: Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes ....

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustaing Community was a received FAX Aud. #: H15000249726
Regulatory Specialist II Letter Number: 115A00022122

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## Articles of Amendment Articles of Incorporation of

(Name of Corporation	n as currently	filed with the Florida De	pt. of State)		
N06980					
(Docu	ment Number	of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:			it Corporation ac	lopts the fo	ollowing
A. If amending name, enter the new name of th	e corporation	Ĺ			
	1.0	11 (4)			The new
name must be distinguishable and contain the word "Company" or "Ca." may not be used in the nam		n" or "incorporated" or ti	te abbreviation :	Corp." or	"Inc."
B. Enter new principal office address, if applica				~	
(Principal office address MUST BE A STREET A					9
	_		<del>~</del>	<u></u>	$\frac{1}{2}$
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C. Enter new mailing address, if applicable:				1.	3
(Mailing address MAY BE A POST OFFICE	<u>BOX</u> ) _	0.0 81 20.00	TABLE FOR	7.55	<u>छ</u>
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<ol> <li>If amending the registered agent and/or registered agent and/or the new registered.</li> </ol>			the name of the		
Name of New Registered Agent:	PREFERRE	D ACCOUNTING SERVI	CES, INC.		
C. A. I. J. P. Palme Of Mew Reschief ed Assent.	4913 SW 74	CH CT	<del>7, 7, 7, 14, 14, 1</del>		
		(Florida str	eet address)		
New Registered Office Address:					
	MIAMI		Florida	33155	
·	•	(City)	(Zip C	ode)	
New Registered Agent's Signature, if the I hereby accept the appointment as registed	anging Registe red agent. I åt	red Agent: n familiar with and appropa	e obligations of the	position.	
_	_	[ ] [ [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		•	
$\Box$	$\mathcal{L}$				
	Signatul	e d New Registered Agunt, i	S 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 Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
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Remove			
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5)Change			<del></del>
Add			
Remove			<del></del>
6) Change		<del></del>	
Add			
Remove		Page 2 of 4	

If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)
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FAX No.

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	1	0/19/2015		
The date of each amend date this document was s				, if other than the
Effective date if applica	able:			
		more than 90 days after amendment file date)		Vi
Note: If the date inserted document's effective date		ot meet the applicable statutory filing requirement of State's records.	ts, this date will	not be listed as the
Adoption of Amendmen	nt(s) (C	HECK ONE)		
The amendment(s) was/were sufficient	was/were adopted by for approval.	the members and the number of votes cast for the	amendment(s)	
There are no member adopted by the boar		ed to vote on the amendment(s). The amendment	(s) was/were	
Dated	10/19/2015	- Am		
Signature (I	By the chairman or vi	ce chairman of the board, president or other office	er-if directors	
		ce charing of the board, president or other office 1 by an incorporator – if in the hands of a receive fiduciary by that fiduciary)	r, trustee, or	
	TERESA RAMIRI	EZ		
· · · · · · · · · · · · · · · · · · ·	<u> </u>	(Typed or printed name of person signing)	****	These will be
•	SD			
4 m. v. p		(Title of person signing)	•	