Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000322302 3)))



H180003223023ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146

Fax Number

: (305)444-4994 : (305)444-4977

NOV 0 9 2013

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN

AGE HOMES AT COUNTRY WALK MASTER MAINTENAN ASSOCIATION, Inc.

> Certificate of Status 0 Certified Copy 05 Page Count \$35.00

Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help

P. 001

FILED

Articles of Amendment

2018 NOV -8 AM 10: 18 Articles of Incorporation

VILLAGE HOMES AT COUNTRY WALK MASTER MAINTENANCE ASSOCIATION INC. LASSEE, FL (Name of Corporation as currently filed with the Florida Dept. of State) N06980 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Stanutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 address: Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida __ (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I 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>n Doe</u> <u>e Jones</u> y Smith	•
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	ALAN GRAHAM	13720 SW 147 CIRCLE LANE
Add			MIAMI, FL 33186
XX Remove			
2) Change	D	TERESA RAMIREZ	13720 SW 147 CIRCLE LANE
XX Add			MIAMI, FL 33186
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

E. If amending or adding additional Art	icies, enter change(s) here.
E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
,	
_ <u></u>	<u> </u>
	
	-
	

		11/08/2018	, if other than the
	date of each amen this document was	dment(s) adoption:signed.	, It Officer than the
Effe	ctive date <u>if appli</u>	(no more than 90 days after amendment file date)	
Not doct	e: If the date inser: ument's effective de	ed in this block does not meet the applicable statutory filing requirements, this date will no ste on the Department of State's records.	t be listed as the
Ado	option of Amendm	ent(s) (<u>CHECK ONE</u>)	
d	The amendment(s was/were sufficien	was/were adopted by the members and the number of votes cast for the amendment(s) at for approval.	
	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	11/08/2018	
	Signature	Extler Peuto	
	O ignored	(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)	
		ESTHER PRIETO	
		(Typed or printed name of person signing)	
		P	
		(Title of person signing)	