NOTOOCOOO 266

| (Requestor's Name) | |
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| (Address) | |
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| PICK-UP WAIT MAIL | |
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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: Manshi Homeowners Asso | eld Road | Subdivision |
|--------------------------------------------------------|------------------------------------|----------------------------------------------------|
| Homeowners ASSO | Ciation, Ir | 1C · |
| DOCUMENT NUMBER: NO 7000 | 0000266 | / |
| The enclosed Articles of Amendment and fee are sub | mitted for filing. | |
| Please return all correspondence concerning this matt | er to the following: | |
| Daniel Digz Ley | Iva, Esq. | |
| | (Name of Contact Person | n) |
| Digz Leyva + G | 17PLLC | |
| | (Firm/ Company) | |
| 1501 Venera Ave | enue, Sui | te 203 |
| | (Address) | |
| Coral Gables, | | |
| | (City/ State and Zip Cod | e) |
| ddl@dlgplk | Com | |
| E-mail address: (to be used | for future annual report | notification) |
| For further information concerning this matter, please | call: | |
| Danie / Diaz Leyva Es (Name of Contact Person | 9 at G | 05)203-0673 |
| (Name of Contact Person | √ (Ar | ea Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made p | avable to the Florida Dep | artment of State: |
| | ayaote to the Florida Dept | Annem of Bane. |
| \$35 Filing Fee \$\square\$ \$43.75 Filing Fee & | □\$43.75 Filing Fee & | □\$52.50 Filing Fee |
| Certificate of Status | Certified Copy (Additional copy is | Certificate of Status |
| | enclosed) | Certified Copy (Additional Copy is Enclosed) |
| Mailing Address | Street | Address |
| Amendment Section | Amend | ment Section |
| Division of Corporations | | n of Corporations |
| P.O. Box 6327 | The Co | entre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| Manstield Road | Subdivision Home owners e Florida Dept. of State) ASSOCIATION, LAC |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| (Name of Corporation as currently filed with the | Florida Dept. of State) ASSOCIATION LOC |
| N07000000- | 266 |
| (Docum | nent Number of Corporation (if known) |
| mendment(s) to its Articles of Incorporation: | rida Statutes, this Florida Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the | : corporation: |
| | The new |
| name must be distinguishable and contain the word "Company" or "Co," may not be used in the name | "corporation" or "incurparated" or the abbreviation "Corp." or "Inc." |
| · · · · · · · · · · · · · · · · · · · | |
| B. <u>Enter new principal office address, if applical</u> Principal office address <u>MUST BE A STREET A</u> | |
| | |
| | |
| | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I | PAY: |
| MATERIAL POST OFFICE A | |
| | |
| | |
| | |
| new registered agent and/or the new registered | tered office address in Florida, enter the name of the |
| | Diaz Leyra + Gil PLLC 1501 Venera Avenue, Suite 20. |
| | 1501 Venera Avenue Suite 20. |
| | (Florido street eddress) |
| New Registered Office Address: | Con 1 C 1 10 = 1 = 2011 |
| | (Ciry) (Zip Code) |
| | (City) / (Zip Code) |
| ew Registered Agent's Signature, if changing R. | egistered Agend: |
| hereby accept the appointment as registered agent. | I am families with and accept the obligation of the position. |
| | Signature of New Registered Agent if changing |
| | 1 1 |

| 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 | PT John I V Mike SV Sally | <u>Jones</u> | |
|-----------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add | V,T | Amanda R. Coursey | Jarares, R. 3278 |
| Remove 2) Change Add | <u>P</u> _ | Joseph C. Coursey | 225 N. Duncan Dr. Tavares, FL 32718 |
| Remove 3) Change Add Remove | <u>5</u> | Sarah M. Coursey | 1207 N. Texas Ave. Tovares, Fl 3278 |
| 4) Change Add | PD | Brian Martin | 1450 Lake Robbins Dr The Woodlands, TX 77380 |
| Remove 5) Change Add | VPD | Alex Azan | 1450 Lake Robbins Dr The Woodlands TX |
| Remove 6) Change Add | <u>57.</u> D | Jeff Gnutti | 1450 Lake Robbins Dr. The Woodlands/X 77380 |
| E. If amending or addi (attach additional she | ng additional Ar ets, if necessary). | ticles, enter change(s) here: (Be specific) | |
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| The date of each amendment(s) adopti | on. | | | | if other than the |
| date this document was signed. | VII | | | | , it outer than the |
| | | | | | |
| Effective date if applicable: | | 0 days after amen | | | |
| | (no more than 9 | v aays after amen | ament file date) | | |

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

| opted by the board of di | nembers entitled to vote on the amendment(s). The amendment(s) was/wen rectors. |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dated | 5/28/20 |
| Signature | W. Butt Hay |
| have no | chairman or vice chairman of the board, president or other officer-if director to been selected, by an incorporator — if in the hands of a receiver, trustee, or our appointed fiduciary by that fiduciary) |
| | W. Brundson |
| | (Typed or printed name of person signing) |
| | $\mathcal{D}_{\sim 1}$ |
| | Tresident |
| | (Title of person signing) |