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COVER LETTER

TO: Amendment Section Division of Corporations

ELIN PARK NAME OF CORPORATION:	HOMEOWNERS ASSOCIATIO	ON, INC.
N07000000352		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee a	ire submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Amber Wilkinson		
	(Name of Contact Person)
Elin Park Homeowners Association, Inc.		
	(Firm/ Company)	
419 N Palm Ave		
	(Address)	
Palatka, FL 32177		
	(City/ State and Zip Code	2)
amberwilkinson@wilkinsonplastering.com		
E-mail address: (to	be used for future annual report i	notification)
For further information concerning this matter,	please call:	
(Name of Contact	Person) at (Are	ea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Florida Depa	artment of State:
□ \$35 Filing Fee □\$43.75 Filing F Certificate of S		■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section		Address ment Section
Division of Corporations		n of Cornerations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation of

TENT FARE HOMEOWINERS ASSOCIATION, INC.	
(Name of Corporation as currently filed with the Florid:	(Dept. of State)
N07000000352	
(Document Nun	nber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida State amendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:
	ara .
name must be distinguishable and contain the word "corpor" (Company" or "Co." may not be used in the name.	The new ration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable;	Amber Wilkinson
(Principal office address <u>MUST BE A STREET ADDRES</u>	(<u>S</u>) 419 N Palm Ave
	Palatka, FL 32177
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	419 N Palm Ave
	Palatka, FL 32177
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent: George	Young, Esq
	3rd Street
New Registered Office Address:	(Florida street address)
Palatka	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere	Agant:
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
	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	PT John Do V Mike Jo SV Sally So	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	Daniel Borrero	175 Park Ave New York, NY 11205
Achange Add	<u>D</u>	Alejandro Agurcia	10800 Biscayne Blvd, Suite 510 Miami, FI, 33161
Remove Change Add Remove	<u>P</u>	Amber Wilkinson	419 N Palm Ave. Palatka, FL 32177
4) Change Add			
Remove 5)ChangeAddRemove			
6) Change Add			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	

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December 4, 2023	
The date of each amendment(s) adoption:	, if other than the
December 4, 2023	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	late will not be listed as the
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.

Signature (By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Amber Wilkinson (Typed or printed name of person signing)		12-4-23
(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Amber Wilkinson		Profes Willer
	•	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or
(Typed or printed name of person signing)		Amber Wilkinson
		(Typed or printed name of person signing)

(Title of person signing)