N0700003283

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COVER LETTER

TO: Amendment Section . Division of Corporations

NAME OF CORPORATIO	Villas At Oak Hammo	ock Homeowners Ass	ociation, Inc.	
	N07000003283			
_				
The enclosed Articles of Ame	endment and fee are subm	itted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
Melisa Di Lorenzo				
	(Name of Contact Per	son)	
		(Firm/ Company)		
5315 SW 40TH Avenue				
		(Address)		
Dania, FL 33314				
	(City/ State and Zip C	(ode)	
villasoakhoa@gmail.com				
Е-	mail address: (to be used	for future annual repo	ort notification	1)
For further information conc	erning this matter, please c	all:		
Melisa Di Lorenzo		at	(305)	978-8816
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida D	epartment of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & [Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
\$1.412.a.A	ddusas	C4	ant Addware	

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation of

Villas At Oak Hammock Homeowners Association Inc.

(Name of Corporation as cu	irrently filed with the Flor	ida Dept. of State)
N07000003283		
(Document N	Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	tatutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
		The new
name must be distinguishable and contain the word "cor <u>"Company" or "Co." may not be used in the name</u> .	poration" or "incorporated	I" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.	ESS)	
a n		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
<u> </u>		
		SP T
		2 F
D. If amending the registered agent and/or registered	l office address in Florida	anton the name of the 1999 - 1
new registered agent and/or the new registered of	fice address:	enter the name of the
N	· · · · · ·	0 3:
Name of New Registered Agent:		Sin Si
	//**	÷
New Registered Office Address:	(**	orida street address)
		Disabile.
	(City)	, Florida (Zip Code)
	• •	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	ered Agent: on familiar with and accent	the obligations of the position
,,		
	Signature of New Regist	ered Avent 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: <u>X</u> Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1)Change	PTD	Gary Waldron	5315 SW 40th Avenue	
Add		, 	Dania, FL 33314	
X Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)		
	"-		
			·
		<u> </u>	
V-100-1			
	 	- · · ·	
	1		- 12
			

The data of an	o9/20/2017 sch amendment(s) adoption:	(f) - 41 41 41
	nent was signed	_, if other than the
date this doctin	09/20/2017	
Effective date		
	(no more than 90 days after amendment file date)	
	ate inserted in this block does not meet the applicable statutory filing requirements, this date will not lead to be determined as the Department of State's records.	be listed as the
Adoption of A	mendment(s) (<u>CHECK ONE</u>)	
	dment(s) was/were adopted by the members and the number of votes cast for the amendment(s) sufficient for approval.	
	no members or members entitled to vote on the amendment(s). The amendment(s) was/were by the board of directors.	
D	Dated $\frac{9/21/17}{}$	•
S	Signature	_
	(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)	
	Melisa Dilavenzo	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	