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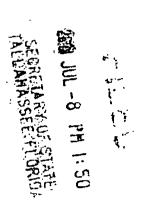
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COVER LETTER

•		COVER LETTE	<u>ER</u>	
TO: Amendment Section Division of Corporations	s			
NAME OF CORPORATIO	Country Club Estates	of Polk County Ho	meowners Ass	ociation. Inc.
DOCUMENT NUMBER: _				
The enclosed Articles of Ame	endment and fee are submit	ted for filing.		(\$)
Please return all corresponder	nce concerning this matter to	o the following:		
Denise Abercrombie				
	(N	Name of Contact Po	erson)	
Highland Community Manag	gement, LLC			
y		(Firm/ Company	/)	
3020 S. Florida Ave., Suite 3	05			
		(Address)		
Lakeland, FL 33803				
	(C	Tity/ State and Zip	Code)	
info@hcmanagement.org				
E-	mail address: (to be used fo	or future annual rep	ort notification)
For further information conce	erning this matter, please ca	И:		
Denise Abercrombie		at	863	940-2863
((Name of Contact Person)	at	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fe	ollowing amount made paya	ble to the Florida I	Department of S	State:
■ \$35 Filing Fee		1\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	O Filing Fee leate of Status led Copy lional Copy is lised)
P.O. Box 6	nt Section f Corporations	An Dir Cli	reet Address nendment Secti vision of Corpo ifton Building 61 Executive C	orations

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

Country Club Estates of Polk County Homeowners Association, Inc.

THE PARTY OF THE P (Name of Corporation as currently filed with the Florida Dept. of State) N07000004627 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, 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: (City) (Zip Code) 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>Mil</u>	n Doe se Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	STD	James Johnson	4735 Summerfield Circle
Add			Winter Haven, FL 33884
X Remove			
2) Change	STD	Alberto De Lawerence	3020 S. Florida Ave., Suite 305
XAdd			Lakeland, FL 33803
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)
(anden thankonar sneets, ly necessary).	(be specifie)
	
	
- <u></u>	

	date of each amendment(s) adoption:	, if other than the
iate	this document was signed.	
Effe	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil ument's effective date on the Department of State's records.	I not be listed as the
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
8	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 6/26/19	
	Signature MAM	
	(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)	
	Robert M Jamuson (Typed or printed name of person signing)	
	Président	
	(Title of person signing)	