## NOTOOO 004 627

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(C) since Estimate weak
(Business Entity Name)
(Degree and North and
(Document Number)
. Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



100337524691

13/82/16--81866--816 ++35.00

2015 DEC -2 AHTT: 23

C GOLDEN JAN - 9 2020

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	JB ESTATES OF POLK	COUNTY HO	MEOWNERS ASSOCIATION
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this r	natter to the following:		
DENISE ABERCROMBIE			
	(Name of Contact Pe	rson)	· · · · · · · · · · · · · · · · · · ·
HIGHLAND COMMUNITY MANAGEMENT,	LLC		
	(Firm/ Company	)	
3020 S. FLORIDA AVE. SUITE 305			
	(Address)		
LAKELAND, FL 33803			
	(City/ State and Zip C	Code)	
INFO@HCMANAGEMENT.ORG			
E-mail address: (to be	used for future annual rep	ort notification	)
For further information concerning this matter, ple	ease call:		
DENISE ABERCROMBIE	at	863	940-2863
(Name of Contact Per			(Daytime Telephone Number)
Enclosed is a check for the following amount mad	e payable to the Florida D	epartment of S	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	e & □\$43.75 Filing Fee & tus Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section		eet Address endment Secti	on

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

## Articles of Amendment to Articles of Incorporation of

2010 CEO -2 AH II: 23

COUNTRY CLUB ESTATES OF POLK COUNTY HOMEOWNERS ASSOCIATION, INC. (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: "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) 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 ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	ST	Alberto Del.awrence	3020 S FLORIDA AVE #305
Add			LAKELAND, FL 33803
X Remove			
2) Change	T	Lexington Worrell	3020 S. FLORIDA AVE #305
X Add			LAKELAND, FL 33803
Remove	0		
3)Change	<u> </u>	Keven Stroman	3020 S. FLORIDA AVE #305
X Add			LAKELAND, FL 33803
Remove			-
4) Change	D	Rachel Jones	3020 S. FLORIDA AVE. #305
X Add			LAKELAND, FL 33803
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	· <del></del>		
Remove			

(attach additional sheets, i	if necessary).	(Be specific)	ige(s) here:			
	- <del></del>				<u>.                                      </u>	
·						
				<u></u>		
		· .			· ·	
			-		<del></del> -	
			_			
	<del></del>					
					<del></del>	
	<u> </u>					
		<u></u>				<del>-</del>
				<del></del>	. <u></u>	
					-	
						_
		<u>.</u>		<del></del>		

The date of each amendment(s) add	11/17/19	
late this document was signed.	ppon:	_, if other than the
11/17 Effective date if applicable:	/19	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc locument's effective date on the Dep	the does not meet the applicable statutory filing requirements, this date will not be surtenent of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were s.	
Dated		
Signature		
/ have not been	nan or vice chairman of the board, president or other officer-if directors is selected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)	
Ros	ERT M. JAMISON	
_Сни	(Typed or printed name of person signing)  NKMAN & FRESIDENT	
	(Title of person signing)	