## 10000001443

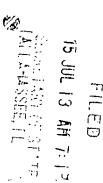
(Re	equestor's Name)	
(Ad	dress)	····
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

BARRINGTON ES	STATES PROPERT	Y HOLDINGS	S HOMEOWNERS ASSOC
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
MIKE MILLER			,
	(Name of Contact Po	erson)	
EMPIRE MANAGEMENT GROUP			
	(Firm/ Company	·)	
1135 EAST AVENUE			
	(Address)		
CLERMONT FL 34711			
	(City/ State and Zip	Code)	
MMILLER@EMPIREMANAGEMENTGRP.COM			
E-mail address: (to be used	for future annual rep	ort notification	1)
For further information concerning this matter, please	call:		
MIKE MILLER	at	(407)	832-0573
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida l	Department of	State:
\$35 Filing Fee \$25 Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address  Amendment Section		reet Address nendment Sect	ion
		Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation** of

BARRINGTON ESTATES PROPERTY HOLD				
(Name of Corporation	as current	ly filed with the Flori	da Dept. of State)	
N07000007443				
(Docur	nent Numbe	er of Corporation (if kn	own)	
dursuant to the provisions of section 617.1006, Flo mendment(s) to its Articles of Incorporation:	rida Statute:	s, this <i>Florida Not For</i>	Profit Corporation adopts t	he following
a. If amending name, enter the new name of the	e corporati	on:		
N/A				The new
ame must he distinguishable and contain the word Company" or "Co." may not be used in the nam		ion" or "incorporated	" or the abbreviation "Corp	." or "Inc."
3. Enter new principal office address, if applica	ıble:	N/A		
Principal office address <u>MUST BE A STREET A</u>				
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	<u>BOX</u> )			
D. 16 amanding the ungistered areas and (au ungi	-4 o 66°-	dd Flouido	antau tha nama af tha	
<ol> <li>If amending the registered agent and/or registered agent and/or the new register</li> </ol>			enter the name of the	
Name of New Registered Agent:	N/A			
name of tven registered tigen.				
		(Flo	orıda street address)	
New Registered Office Address:	:	·		
	N/A		, Florida	
		(City)	(Zip Code)	
iew Registered Agent's Signature, if changing I	Registered .	Agent:		
hereby accept the appointment as registered agen	n. 1 am fan	niliar with and accept	the obligations of the positio	n.
			* Byte	5)
-	· · ·	anature of Nove Registe	ered Agent, if changing :	=
	SI	gindare by New Negist	Tea Agent, if changing	. = = =
			¥.	3
	F	age 1 of 4		
			1, 1, 2	÷ ;;!

## 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>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DP	OROSZ, STEVE	1135 EAST AVENUE
Add			CLERMONT FL 34711
X Remove			
2) Change	VP	OROSZ, MATT	1135 EAST AVENUE
Add			CLERMONT FL 34711
X Remove			
3) Change	<u>s</u>	SNYDER, BEN	1135 EAST AVENUE
Add			CLERMONT FL 34711
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Articles, enter change(s) here</u> : (attach additional sheets, if necessary). (Be specific)		
N/A		
· · · · · · · · · · · · · · · · · · ·		

a e e e	June 18th, 2015	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	•	
	ne 18th, 2015	
Effective date if applicable:		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this b document's effective date on the D	ock does not meet the applicable statutory filing requestrement of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were was/were sufficient for approx	adopted by the members and the number of votes cas /al.	st for the amendment(s)
☐ There are no members or mer adopted by the board of direct	nbers entitled to vote on the amendment(s). The ameters.	endment(s) was/were
June 18t	1, 2015	
Signature	en Aug	
have not b	irman or Nee Mairman of the board, president or oth een selected, by an incorporator – if in the hands of a t appointed fiduciary by that fiduciary)	
	By Snyde (Typed of printed name of person si	igning)
	Sec.	
	(Title of person signing)	r