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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Sycamore Acres H	Homeowners' Association, Inc.	
DOCUMENT NUMBER: N07000		
The enclosed Articles of Correction and		
Please return all correspondence concern	ing this matter to the following:	
Jonathan L. Auvil		
Johnson Auvil Brock & Wil	son PA	
Post Office Box 2337 (Address)		
Dade City, FL 33526-2337 (City/State and Zip Code)		
For further information concerning this n	natter, please call:	
Kari Surratt (Name of Contact Person)	at (352) 567-2500 x 1131 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amo	ount:	
☑ \$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status	
\$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy	
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 CORRECTION

for

Sycamore Acres Homeowners' Association, Inc. Name of Corporation as currently filed with the Florida Dept. of State

N0700009758 Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Fi these Articles of Correction within 30 days of the file date of the	lorida Statutes, this corporation files he document being corrected.
These articles of correction correct Articles of Incorpo	Type Being Corrected)
filed with the Department of State on October 4, 2007 (File Date of Docum	
Specify the inaccuracy, incorrect statement, or defect: The name of the corporation of Sycamo	ore Acres Homeowners'
Association, Inc., needs to be corrected.	
	OF OCT
	10 GR
Correct the inaccuracy, incorrect statement, or defect: Sycamore Trace Estates Homeowners' A	Association, Inc.
(Signature of a director president or other officer - if direct not been selected, by an incorporator - if in the hands of tother count appointed fiduciary, by that fiduciary.)	ctors or officers have the receiver, trustee, or
Josephine L. Larkin	Director
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00