## N07000011333

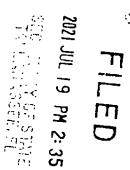
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	waha Overlook Condominium A	Association, Inc.	
N0700001	1333		
DOCUMENT NUMBER:	<del></del>	<del></del>	
The enclosed Articles of Amendment	and fee are submitted for filing.		
Please return all correspondence conce	rning this matter to the following	ıg;	
Tina Fischer			
	(Name of Conta	ct Person)	
Fletcher Fischer Pollack P.L.			
	(Firm/ Com	pany)	
433 Central Ave. Suite 401			
	(Addres	s)	
Saint Petersburg, FL 33701			
	(City/ State and	Zip Code)	
tfischer@ffplegal.com			
E-mail addr	ess: (to be used for future annua	il report notificatio	n)
For further information concerning this	s matter, please call:		
Tina Fischer		813 at	898-2831
(Name of	Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following a	mount made payable to the Flor	ida Department of	State:
•	Filing Fee & S43.75 Filing cate of Status Certified Copy (Additional coenclosed)	y Certif ppy is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address		Street Address	

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Oklawaha Overlook Condominium Association, I	nc.				
(Name of Corporation as currently filed with th	e F <u>lorid</u> a D	ept. of State)	·		
N07000011333					
(Docur	nent Numbe	er of Corporation (if k	nown)		
Pursuant to the provisions of section 617,1006. Floamendment(s) to its Articles of Incorporation:	orida Statute	s, this <i>Florida Not Fo</i>	or Profit Corporation add	opts the fo	llowing
A. If amending name, enter the new name of th	<u>e corporati</u>	on:			
name must be distinguishable and contain the word	d "corporat	ion" or "incorporated	T' or the abbreviation "C		he new "Inc."
"Company" or "Co." may not be used in the nam		,		### ###	2021
B. Enter new principal office address, if applies (Principal office address MUST BE A STREET)					-=
(Trincipal typice datatess prost big A STRULT 2	<u> 1121/11233 )</u>				<del>-</del>
				> .	19 PH
				<u> </u>	7
C. Enter new mailing address, if applicable:				S	~~
(Mailing address MAY BE A POST OFFICE	<u>BOX</u> )			71-1	<del></del>
				F:1	Š
D. If amending the registered agent and/or regi	stered offic	e address in Florida.	enter the name of the		
new registered agent and/or the new register	<u>red office ac</u>	ldress:			
Name of New Registered Agent:	Fletcher F	ischer Pollack, P.L.			
	433 Centra	ıl Ave, Suite 401			
			lorida street address)		
New Registered Office Address:					
	Saint Peter	sburg		33701	
	-	(City)	(Zip Co	ode)	
New Registered Agent's Signature, if changing			do obligacione of the		
I hereby accept the appointment as registered ager	u, i am fan	uuar wun and accept	the obligations of the po	siiion.	
_	11-	m, (1	. 0 ~		
	San Car	matura of New Pacies	ered Agent, if changing	<del>_</del>	
	216	nature oj :vew kegisti	ereu ageni, ij changing -		

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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	$\overline{V} = \overline{Mi}$	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>h</u>	Jacqueline 1. Laundeane	16970 NE 243rd Place Rd Fort McCoy, FL 32134
<u></u> Remove			
2) Change Add	VP	Robert P Butler	5507 Carlton Rd New Port Richey, FL 34652
2   Remove 3   Change 8   Add   Remove	P	Lincoln Hine	433 Central Ave Saint Petersburg, F1, 33701
4) Change Add	VP	Jay Hine	433 Central Ave Saint Petersburg, FL 33701
Remove 5) Change Add			
Remove 6) Change Add			
Remove  F. If amending or addir (wtach additional shee		Articles, enter change(s) here: ry). (Be specific)	
<u> </u>			

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late 14, 2021	
The date of each amendment(s) adoption: July 14, 2021 date this document was signed.	_, if other than the
Effective date if applicable:	
Effective date if applicable:  (no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.	

Dated	7/14/2021
Signatu	
	(By the chairman or vice chairman of the board, president or other officer-if directors move not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Lincoln Hine
	(Typed or printed name of person signing)
	President
	(Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were