## N08000 000 330

(Re	equestor's Name)		
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PICK-UP	MAIT	MAIL	
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Certified Copies	Certificates	of Status	
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## COVER LETTER

TO: Amendment Section Division of Corporations

PINEY-Z PHA NAME OF CORPORATION:	ASE 12 HOMEOWNERS ASSOCIATION, INC.
DOCUMENT NUMBER: N08000000330	
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning thi	is matter to the following:
JEREMI SNOOK	
	(Name of Contact Person)
ATTN: PINEY-Z PHASE 12 HOA	
	(Firm/ Company)
4660 HERITAGE PARK BLVD	
	(Address)
TALLAHASSEE, FL 32311	
	(City/ State and Zip Code)
PineyZPhase12Residents@GMAIL.COM	
E-mail address: (to)	be used for future annual report notification)
For further information concerning this matter,	please call:
JEREMI SNOOK	706 424-2285
(Name of Contact	Person) at (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
\$35 Filing Fee	Fee & Status Certified Copy Certificate of Status  (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
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 Amendment to Articles of Incorporation of

PINEY-Z PHASE 12 HOMEOWNERS ASSOCIATION, INC.

(Name of Corporation as	s currently f	iled with the Florida Dept. of	f State)		
N08000000330					
(Docume)	nt Number of	Corporation (if known)			
Pursuant to the provisions of section 617,1006, Florid amendment(s) to its Articles of Incorporation:	a Statutes, th	ás Florida Not For Profit Cor	<i>poration</i> adopts	the foll	lowing
A. If amending name, enter the new name of the co	orporation:				
				77	he new
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	corporation'	or "incorporated" or the abi	hreviation "Cor	p or	"Inc."
B. Enter new principal office address, if applicable	460 e:	50 HERITAGE PARK BLVD			
(Principal office address <u>MUST BE A STREET AD</u>	152522000	LLAHASSEE, FL 32311		-t:	201
	_	<del></del>	<del> = </del>	325	S 6
		<u> </u>		<u>.</u>	SEÞ 2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BC	9X) 466	60 HERITAGE PARK BLVD		. ; . . ; .	20
(1.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		LLAHASSEE, FL 32311		1	− <i>i</i> :>− _===
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				-	
D. If amending the registered agent and/or registered agent and/or the new registered			ame of the		
	EREMI SNO				
<u>Name of New Registered Agent:</u>					
-+· 	4660 HERITAGE PARK BLVD (Florida street address)				
New Registered Office Address:		Tryorna street aa	arevv		
Т	TALLAHASSEE		, Florida323	Florida 32311	
<del>-</del>	(1	City)		(Zip Code)	
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.	gistered Age I am familio	e <mark>nt:</mark> ar with and accept the obligati	ons of the posit	ion.	
	- fx	umi Inort	<u>-                                      </u>		
	kiana	tura of New Registered Agent	if chanvine		

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>M</u>	hn Doe ike Jones illy Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	1'	GARY ZINS	2417 FLEISCHMANN RD
Add			TALLAHASSEE, FL 32308
X Remove			
2) Change	P	JEREMI SNOOK	4660 HERITAGE PARK BLVD.
X Add			TALLAHASSEE, FL 32311
Remove			
3 ) Change	<u>vs</u>	CHARLES HOFFMAN	4680 HERITAGE PARK BLVD.
<u> </u>			TALLAHASSEE, FL 32311
Remove			
4) Change	<u>T</u>	MARIANA HERCEG	4690 HERITAGE PARK BLVD.
X Add			TALLAHASSEE, FL 32311
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or additional she	ing additional Artic	les, enter change	e(s) here:		
(anach aaannonan sne	eis, y necessary).	(me speedie)			
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The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	<del></del>
(no more than 90) days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be locument's effective date on the Department of State's records.	listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
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 9/19/2019	
Signature	
(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)	
JEREMI SNOOK	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	