## N1200000208

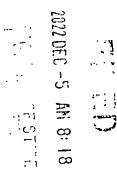
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A. BUTLER FEB 47 2023

Please accept my CK as put president of 2011 Tratkiver Commercial Survers Historiation, Inc. for Filing Fee. (904) to7-2027 3601 Ocean Dr. 5. TAX. Ach, Ha 32082 Carlo C'AN STOrdemire PASI Begident

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 2011 Trout River Commercial Owner's Association Inc
DOCUMENT NUMBER: N/200000208
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Cills
(Name of Contact Person)
Cilant LCC
(Firm/Company)
220 5 Shipwreck Ave
Ponte Vedra, FC 30281  (City/ State and Zip Code)
mbcfoz@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Cills at 904-535-6635
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee

Mailing Address

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

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

## to Articles of Incorporation of

2011 Trout River Commercial Owner's Association Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
N12000000208 2022 DEC -5 AM 8: 18
(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:    W. HThe new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "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)
Ponte Vedra, FL 30281
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  220 5 Ship WIPCK AVE
Ponte Vedra, FC 30281
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: Lang C. Tarrant  200 S Shipwieck Ave.
I to the sit see and easy
New Registered Office Address:  Ponte Vedra, Florida 30281 (City) (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
Talgnature of New Kegisterea 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	PT         John D           V         Mike J           SV         Sally S	ones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	PSTD	Carl E. SToudemire II	189 SAN JUAN Dr.
Remove	T)		PVBch, C/a 32082
2) Change Add	<u> </u>	Judy SToudemire	189 SAN JVan Dr.
Remove Shange Add	PTD	michael Cills	PVBCh, Fla 32082 220 S. Shipwreck Ave P.V. Bch, Fla 30281
Remove  4) Change Add	_5	McCord Tarrant	80 South Battery
Remove			Charleston, S.E. 29401
5) Change Add			
Remove	<i>i</i> )	0 0 0	
6)ChangeAdd	K. Agent	C. by Bond	1/512 Lake Meadow Ave
	Iding additional Ar heets, if necessary).	ticles, enter change(s) here: (Be specific)	JAY, Fla 32256
		N. A.	

The date of each amendment(s) adoption: 12/1/2022 , if other than t	he
date this document was signed.	
Effective date if applicable:  (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 listed as the document's effective date on the Department of State's records.	
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.	

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Z	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 12/1/2022
	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)
	Carl E. STurlemire 111 (Typed or printed name of person signing)
	President
	(Title of person signing)