N1200003808

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COVER LETTER

TO: Amendment Section Division of Corporations

HUNTER'S RUN OF LAKE COUNTY OWNERS ASSOCIATION, INC. NAME OF CORPORATION: N12000003808 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mike Miller (Name of Contact Person) Empire Management Group, Inc. (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 report notification) For further information concerning this matter, please call: Mike Miller 352 535-0099 (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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filling Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) 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

(Name of Corporation as cur	rently filed with the Flo	rida Dept, of State)	
N12000003808			
(Document Nu	umber of Corporation (if b	(nown)	
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	ntutes, this Florida Not Fe	or Profit Corporation adopts th	e following
A. If amending name, enter the new name of the corpo	oration:		
n/a			The new
iame must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporate	d" or the abbreviation "Corp."	
B. Enter new principal office address, if applicable:	n/a		
Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(S.S.</u>)		
Enter new mailing address, if applicable:	n/a	<u> </u>	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			Ç.,
		!	
O. 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 offi	ce address:		
Name of New Registered Agent: 0/a		÷	· · · · · ·
New Registered Office Address:	14	Florida street address)	
		, Florida	
	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I an		t the obligations of the position	
	Signature of New Regis	stered 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, FR. 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>Mil</u>	n Doe se Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	Jim McGowan	1135 East Avenue
Add x Remove			Clermont, FL 34711
2) Change	PD	Aaron Reid	1135 East Avenue
x Add Remove			Clermont, FL 34711
3) Change	<u>VP</u>	Maxwell Perlman	1135 East Avenue
Add x Remove			Clermont, FL 34711
4) Change	VP	Steve Boyette	1135 East Avenue
X Add		,	Clermont, FL 34711
51 Change Add Remove	51	Logan Rell	1135 Gest Ave Germant, 663471/
(A) Change Add Remove	<u>51</u>	De Farinacci	1135 Gast Grenuc Chermont, FC34711
ixcinc ve			

E. If amending or adding additional Articular (attach additional sheets, if necessary).	(Be specific)				
n/a					
					
				 	
					
					
<u> </u>		 			

	6/7/17	
The date of each ame	endment(s) adoption:	_, if other than the
date this document wa	s signed.	
	6/7/17	
Effective date <u>if appl</u>		
	(no more than 90 days after amendment file date)	
	rted in this block does not meet the applicable statutory filing requirements, this date will not l late on the Department of State's records.	he listed as the
Adoption of Amendn	nent(s) (<u>CHECK ONE</u>)	
☐ The amendment(s was/were sufficie	s) was/were adopted by the members and the number of votes cast for the amendment(s) ent for approval.	
	oard of directors.	
Dated	6/7/17	
· · · · · · · · · · · · · · · · · · ·		
Signatur	. Cure Hul	
	(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)	
	Gara Reid	
	(Typed or printed name of person signing)	
	Acs.	
	(Title of person signing)	