## N1200000 7066

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## COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: Tanglewood Oaks Homeowners Associa
DOCUMENT NUMBER: N12000070066
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Charles 5 Rhein (Name of Contact Person)
Tangleiwood Oaks HOA Inc.
Po Box 4746 (Address)
Milton T-L 32570 (City/ State and Zip Code)
tangle wood ocks a not mail com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    Vatalic (Stantham   850 - 748 - 0735     (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 AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301



August 29, 2019

CHARLES S. RHEIN 5737 TIGER WOODS DRIVE MILTON, FL 32570

SUBJECT: TANGLEWOOD OAKS HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N12000007066

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

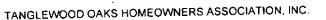
Letter Number: 619A00017941

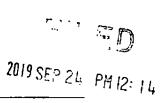
Claretha Golden Regulatory Specialist II

www.sunbiz.org

## Articles of Amendment

## Articles of Incorporation





TANGET OF STA		
(Name of Corporation as curre	ently filed with the Flo	orida Dept. of State)
NIAOOO	07066	
(Document Nun	iber of Corporation (if	known)
Pursuant to the provisions of section 617,1006, Florida State amendment(s) to its Articles of Incorporation:	nes, this Florida Not F	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:	
		The new
name must be distinguishable and contain the word "corpor" (Company" or "Co." may not be used in the name.	cation" or "incorporate	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES.</u>	(2	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		a, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		Florida street address)
		, Florida
<del></del> -	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am		ot the obligations of the position.
<del></del>	Signature of New Reg	istered 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 SV Sally S	lones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	: 5	Zornes, Leigh	5812 Chi Chi Circle Milton FL 32570
2) ChangeAdd	<u>5</u>	Gist Michael	Sle53 Tiger Ubodo Dr Milton FL 32570
Remove  3) Change  Add  Remove	<u></u>	Sharron, Thomas	Po Box 973 Gulf Breeze FL 3256
4) ChangeAdd Remove	V	Elis, Christine	5719 Tiger Woods Dr Milton Fr 32570
5) Change	<u> </u>	- Severson, Lisa	5689. Tiger Woods Dr Milton, FL 32570
Remove 6) Change Add	T	Granthan, Natalie	5701 Tiger Woods Dr. Milton, FL 32570
Remove			

f amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)				
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The date of each amendment(s) a late this document was signed.	doption:	, if other than th
Offective date if applicable:		
<del></del>	(no more than 90 days after amendment file do	ate)
<b>Note:</b> If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requirepartment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a was/were sufficient for approv	idopted by the members and the number of votes cast fall.	for the amendment(s)
☐ There are no members or men adopted by the board of direct	obers entitled to vote on the amendment( $s$ ). The amendors,	dment(s) was/were
Dated	9/11/19	
Signature	Mataly Show to	<b>\</b>
have not be	rman of vice chairman of the board, posident or other cen selected, by an incorporator – if in the hands of a re appointed fiduciary by that fiduciary)	officer-if directors ecciver, trustee, or
	Matalie Grantve (Typed or printed name of person sign	ing)
	Treasurer (Title of person signing)	