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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	AKS HOMEOWNER	S ASSOCIAT	TON, INC.
DOCUMENT NUMBER: N12000007066			
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
Natalie Grantham			
	(Name of Contact Pe	rson)	
	(Firm/ Company)	
PO Box 4746			
	(Address)	P113 '81 81 2 - 1 - 1 - 1	
Milton, FL 32572			
1	(City/ State and Zip C	Code)	
tanglewoodoaks@hotmail.com			
E-mail address: (to be used	for future annual rep	ort notification)
For further information concerning this matter, please of	call;		
Natalie Grantham	ai	850	748-0735
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida D	epartment of !	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certificate of Status	
Mailing Address Amendment Section		eet Address endment Secti	on .

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

TANGLEWOOD OAKS HOMEOWNERS ASSOCIATION, INC.

(Name of Corporation	as currently filed with the l	Florida Dept. of State)	
N12000007066			
(Docur	nent Number of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not</i>	For Profit Corporation adop	ets the following
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ated" or the abbreviation "C	orp." or "Inc."
B. Enter new principal office address, if applica	ls Dr.		
(Principal office address MUST BE A STREET A)	
		**************************************	S 20
			19 OC
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROX)		2.
		· · · · · · · · · · · · · · · · · · ·	3 : 80
			7
D. If amending the registered agent and/or regis		ida, enter the name of the	1:43
new registered agent and/or the new register	ed office address:		
Name of New Registered Agent:	Natalie Grantham	***************************************	
	5701 Tiger Woods Dr.		
Van Brains and Office (11)		(Florida street address)	
New Registered Office Address:		_	
	Milton	, Florida <u></u>	2570
	(City)	(Zip Coc	le)
New Registered Agent's Signature, if changing I			
I hereby accept the appointment as registered agen	t. I am familiar with and acc	rept the obligations of the pos	ition.
_	Signature of New Re	gistered 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	<u>V</u> <u>M</u>	ohn Doe ike Jones illy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change	<u>r</u>	Natalie Grantham	5701 Tiger Woods Dr.
Add			Milton, FL 32570
Remove			
2) Change	D	Deborah Allen	5726 Tiger Woods Dr.
Add			Milton, FL 32570
x Remove			
3) X Change	Т	Lisa Severson	5689 Tiger Woods Dr.
Add			Milton, F1, 32570
Remove			
4) Change	C	William Martin	5695 Tiger Woods Dr.
x Add			Milton, FL 32570
Remove			
5/ Change	C	Charles Chatman	5678 Tiger Woods Dr.
x Add			Milton, FL 32570
Remove			
6) Change	P	Charles Rhein	5737 Tiger Woods Dr.
Add			Milton, FL 32570
x Remove			

attach additional sheets, if necessary).	(Be specific)			
		** *		
			-	
				.
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The	10/1()/19 e date of each amendment(s) adoption:	if other than the
	e this document was signed.	ii outer man the
Em	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be sument's effective date on the Department of State's records.	listed as the
Ade	option of Amendment(s) (CHECK ONE)	
8	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 10/28/19	
	Signature / tallille / with	
	(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)	
	Natalie Grantham	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	