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2017 OCT 23 PH W 51

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

HEMINGWAY POINT HOMEOW! NAME OF CORPORATION:	NERS ASSOCIATION, INC.
N12000008104	
DOCUMENT NUMBER:	·
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following	8:
Brett Barnes	
(Name of Conta	ct Person)
Property Keepers Management, LLC	
(Firm/ Con	pany)
1350 NE 56th Street, Suite 180	
(Addres	is)
Fort Lauderdale, FL 33334	
(City/ State and	Zip Code)
brett@property-keepers.com	
E-mail address: (to be used for future annua	ll report notification)
For further information concerning this matter, please call:	
Brett Barnes	954 586-5111
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Flor	ida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing  Certificate of Status Certified Cop  (Additional conclosed)	y Certificate of Status

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

FACED

HEMINGWAY POINT HOMEOWNERS ASSOCIATION, INC.		2017 CCT 23	2017 OCT 23 FH 4:51	
(Name of Corporation as	currently filed with the Florid	la Dept. of State)	1	
N12000008104		trees "	(Z LÓKIÖ	
(Document	Number of Corporation (if kno	own)		
Pursuant to the provisions of section 617.1006, Florida mendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts th	e following	
s. If amending name, enter the new name of the con	rporation:			
			The new	
Company" or "Co." may not be used in the name.  3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADD.  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO).  D. If amending the registered agent and/or registered.	ed office address in Florida, e	nter the name of the		
new registered agent and/or the new registered of	office address:			
Name of New Registered Agent:				
New Registered Office Address:	(Flor	nda street address)		
	, Florida			
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Regional Hereby accept the appointment as registered agent. I		ne obligations of the position.		
	Signature of New Registe	red 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	$\overline{\underline{\mathbf{V}}}$ $\overline{\underline{\mathbf{M}}}$	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	Alex Peters	
Add X Remove			
2) Change	<u> </u>	Russell Brick	C/O Property Keepers Management
XAdd			1350 NE 56th ST, Suite 180
Remove			Fort Lauderdale, FL 33334
3 ) Change	VP	Alex Paliatsos	
Add X Remove			
4) Change	VP	Jen Suarez	C/O Property Keepers Management
X Add			1350 NE 56th ST, Suite 180
Remove			Fort Lauderdale, FL 33334
5) Change	S/T	Michael Nunziata	
Add X Remove			
6) Change	S/T	Sharon Spallone	C/O Property Keepers Management
X Add			1350 NE 56th ST, Suite 180
Remove			Fort Lauderdale, FL 33334

attach additional sheets, if necessary).	icles, enter change(s) here:  (Be specific)
<del></del>	
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	- <del></del>

		9/30/17	
Th	e date of each amendment	(s) adoption:	, if other than the
date	this document was signed		, a onet man tre
ΕM	ective date <u>if applicable</u> :	9/30/17	
		(no more than 90 days after amendment file date)	<del></del>
<u>Not</u> doc	e: If the date inserted in th ument's effective date on th	is block does not meet the applicable statutory filing requirements, this e Department of State's records.	date will not be listed as the
Ade	option of Amendment(s)	(CHECK ONE)	
<b>=</b>	The amendment(s) was/wwas/were sufficient for ap	ere adopted by the members and the number of votes cast for the amend proval.	dment(s)
	There are no members or adopted by the board of d	nembers entitled to vote on the amendment(s). The amendment(s) was irectors.	s/were
	9/30/1 Dated		
	Signature		
	have no	chairman or vice chairman of the board, president or other officer-if di of been selected, by an incorporator — if in the hands of a receiver, trust ourt appointed fiduciary by that fiduciary)	rectors ee, or
	Rus	sell Brick	
		(Typed or printed name of person signing)	<del></del> _
	Pres	ident	
	<del></del>	(Title of person signing)	