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TALL AHARSEE FE STATE

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COVER LETTER

. TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WOODLAND RIDG	GE HOMEOWNERS ASSOCIATION, INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
Angelia L. Gordon	
	(Name of Contact Person)
Ali About Management	
	(Firm/ Company)
2500 W. Lake Mary Blvd., Ste.208	
	(Address)
2500 W. Lake Mary Blvd., Ste.208Lake Mary, FL 32	746
1	(City/ State and Zip Code)
angeliagordon@me.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please of	zall:
Angelia L. Gordon	407 688-7405
(Name of Contact Person)	
Enclosed is a check for the following amount made pay	rable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mniling 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

WOODLAND RIDGE HOMEOWNERS ASSOCIATION	N, INC.				
(Name of Corporation as curr	rently filed wit	h the Florida Der	ot, of State)		
N12000010717					
(Document Nu	mber of Corpor	ation (if known)			
Pursuant to the provisions of section 617.1006, Florida Statement(s) to its Articles of Incorporation:	tutes, this <i>Flori</i> d	da Not For Profit	Corporation adop	ts the follow	ving
A. If amending name, enter the new name of the corpor	<u>:ntion:</u>				
			<u> </u>	The	
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "inc	orporated" or the	abbreviation "Co	rp." or "In	rc."
B. <u>Enter new principal office address, if applicable;</u> (Principal office address <u>MUST BE A STREET ADDRES</u>	<u>z</u>)			_	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
). If amending the registered agent and/or registered of	Tice address in	Florida, enter th	e name of the	ECH SECH	19 A
new registered agent and/or the new registered office	<u>nddress;</u>			±6	S
Name of New Registered Agent:	<u> </u>			3385.0 3388.0	18
New Registered Office Address:		(Florida stree	t address)	E STAT	P 6: 0
	(City)		, Fłorida (Zip Code,)	00
ew Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am f	d Agent: Camiliar with an	d accept the oblig	ations of the positi	on.	
	Signature of Ne	w Registered Age.	nt if changing		<u> </u>

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; $C = Chairman\ or\ Clerk$; $CEO = Chlef\ Executive\ Officer$; $CFO = Chlef\ Financial\ Officer$. 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> i	<u>hn Doe</u> ike Jones Ily Smith	
Type of Action (Check One)	Title	Nome	<u>Addres</u> s
1) Change	P	Tim Durkin	PO BOX 1569
Add X Remove			Sanford FL 32772
2) Change	<u> </u>	Jessica Rutter	PO BOX 1569
X Add			Sanford F1. 32772
Remove 3) Change	Sec	Leah Gallogly	PO BOX 1569
X Add			Sanford FL 32772
Remove 4) Change	FIN	Danny Balt	PO BOX 1569 HALL OF T
X Add			Sanford FL 32772
Remove			PH 6: 00
5) Change			<u>\$</u>
Add			
5) Change			
Add			
Remove			

(attach additional sheets, if n	iecessary). (Be specific	·)			
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		<u> </u>			
		<u>.</u>			
 					
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	<u> </u>			1 NWO 7.	<u>6:0</u>

Page 3 of 4

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the f	lock does not meet the applicable statutory filing requirements, this date will not	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s) val.	
Dated Signature (By the chahave not be	irman or vice chairman of the board, president or other officer-if directors gen selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
Presider	at	
	(Title of person signing)	TALL AHASSEE, I