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(Business Entity Name)	07/06/2001014028 **35.00
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COVER LETTER

Keystone Palms Homeowners Association Corporation

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _ N12000011232 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kristin Lister (Name of Contact Person) Keystone Palms HOA (Firm/ Company) 180 Keystone Palms Blvd (Address) Tarpon Springs, FL 34688 (City/ State and Zip Code) listerkristin@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kristin Lister 727 692-8902 at

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 &

(Name of Contact Person)

□\$52.50 Filing Fee

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(Daytime Telephone Number)

Enclosed)

Mailing Address

Amendment Section **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

Street Address

(Area Code)

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Keystone Palms Homeowners Association Corporation

Name of Corporation as currently filed with the	Florida Dept.	of State)		
(11.)	000	01123	32	
(Docume	ent Number of	Corporation (if kn	own)	
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, thi	s Florida Not Fo	Profit Corporation adopts	the following
A. If amending name, enter the new name of the	corporation:			
N/A				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.		or "incorporated	" or the abbreviation "Corp.	
	N/A	•		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL				
mental vyjet dadress soot soon og kisky yn				
				32020
				<u> </u>
C. Enter new mailing address, if applicable:	N/A	A		
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u> </u>			<u> </u>
				PH 12:
				25.
D. If amending the registered agent and/or regist			enter the name of the	
new registered agent and/or the new registere		ss:		
Name of New Registered Agent:	N/A			
	N/A			
-		(FI	orula street address)	
New Registered Office Address:		,		
			, Florida	
·	/C	Tity)	(Zip Code)	
			·	
New Registered Agent's Signature, if changing R. I hereby accept the appointment as registered agent.			the obligations of the positio	n.
_	Signati	ure of New Registe	ered 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 E V Mike J SV Sally S	<u>lones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change Add	PT	Kristin Lister	3567 Keystone Rd Tarpon Springs, Fl. 34688
Remove			
2) Change Add	<u>T</u>	Brett Lister	3567 Keystone Rd Tarpon Springs, FL 34688
X Remove 3) X Change Add Remove	<u>s</u>	Kiran Chavda	3567 Keystone Rd Tarpon Springs, FL 34688
4) Change Add	<u>v</u>	Angela Zervos	3567 Keystone Rd Tarpon Springs, FL 34688
Remove 5) Change Add Remove			
6) Change Add Remove			
		rticles, enter change(s) here: (Be specific)	
(united additional 3/16)	ora, y moceanury.	(or sprenger	
N/A			
	-		

	
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The date of each amendment(s) adoption:	, if other than the
April 27, 2020 Effective date if applicable:	
(no more than 90 days after amendment file date)	 .
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	t be listed as the
Adoption of Amendment(s) (CHECK ONE)	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

ere are no member opted by the board	rs or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.
Ji	une 25, 2020
Dated _	
h	y the chairman or vice chairman of the board, president or other officer-if directors ave not been selected, by an incorporator – if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary) Kristin Lister
	(Typed or printed name of person signing)
	President/Freasurer
	(Title of person signing)