11300000476

| (R | equestor's Name) | |
|-------------------------|---------------------|-----------|
| (A | ddress) | |
| (A | ddress) | |
| (C | ity/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (B | usiness Entity Nan | ne) |
| (D | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | · · |
| | | |
| | | |
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| | | |

Office Use Only



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MAY 3 1 2018 T. LEMMEUX



COVER LETTER:

| Division of Corporations | | |
|---|---|--|
| NAME OF CORPORATION: | LAWILLA SOUTH HOMEOWNERS ASSOC. | |
| , , | 0.00000476 | |
| | | |
| The enclosed Articles of Amendment and fee are su | bmitted for filing. | |
| Please return all correspondence concerning this ma | tter to the following: | |
| WENDY SALICA | | |
| | (Name of Contact Person) | |
| | | |
| | (Firm/ Company) | |
| 3055 THEKANILLARDS | 5 | |
| JUDO 1 TO THE WILLIAM TO THE TENT | (Address) | |
| OVIGOO FL 32765 | | |
| | (City/ State and Zip Code) | |
| Wsaliga@mindspring.a | ed for future annual report notification) | |
| For further information concerning this matter, pleas | se call: | |
| WENDY SALICA | on) at 407-227-9047 (Area Code) (Daytime Telephone Number) | |
| (Name of Contact Perso | on) (Area Code) (Daytime Telephone Number) | |
| Enclosed is a check for the following amount made | payable to the Florida Department of State: | |
| \$35 Filing Fee Status Certificate of Status | & □\$43.75 Filing Fee & □\$52.50 Filing Fee S Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed) | |
| Mailing Address | Street Address | |
| Amendment Section Division of Corporations | Amendment Section Division of Corporations | |
| P.O. Box 6327 | Clifton Building | |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, Fl. 32314



May 21, 2018

WENDY SALIGA 3055 TUSKAWILLA RD S OVIEDO, FL 32765

SUBJECT: TUSKAWILLA SOUTH HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N13000000476

We have received your document for TUSKAWILLA SOUTH HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 418A00010575

RECEIVED

18 MAY 31 PM (2: 4,3)
SECRETARY OF STATE

Articles of Amendment

| Articles of Incorporation |
|--|
| (Name of Corporation as currently filed with the Florida Dept. of State) |
| N1300000 47(0 |
| (Document Number of Corporation (if known) |
| Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: |
| A. If amending name, enter the new name of the corporation: |
| NAThe new |
| name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) |
| |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: |
| Name of New Registered Agent: |
| (Florida street address) |
| New Registered Office Address: |
| , Florida |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. |
| |
| Signature of New Registered Agent, if changing 6 |
| Page 1 of 4 |

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 I. V Mike. SV Sally S | <u>Jones</u> | |
|-----------------------------------|-------------------------------|----------------|---|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| Change Add Remove | TREASULER | PAMLAWYER | 4020 TUSKAWILLA RDS ONIENO, FL 32705 |
| 2) Change | TREASURER | JACKIE WOLFORD | 3500 Thseannua Pos Ovicos, FL 32705 |
| Remove 3) Change Add | | | |
| 4) Change Add | | | |
| Remove 5) Change Add | | | |
| Remove 6) Change Add Remove | | | |

| The date of each amendment(s) ad late this document was signed. | option:, if other than t | he |
|---|---|----|
| Effective date <u>if applicable</u> : | | |
| <u> </u> | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this blo locument's effective date on the Dep | ck does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records. | |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were adwas/were sufficient for approva | opted by the members and the number of votes cast for the amendment(s). | |
| There are no members or members adopted by the board of director | pers entitled to vote on the amendment(s). The amendment(s) was/were ors. | |
| Dated Yar | 1_,20.156, | |
| Signature | | |
| have not bee | man or vice charman of the board, president or other officer-if directors on 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) | |
| | PRESIDENT | |
| | (Title of person signing) | |