## M3DDOOD6

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	÷#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
	·			

Office Use Only



800253224988

10/31/13--01017--013 \*\*43.75

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

NOV 05 2013

R. WHITE

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Winds wept Homeowners association, Inc
DOCUMENT NUMBER: N 13000008044
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jay Schwartz (Name of Contact Person)
Jay Schwartz (Name of Contact Person)  Windswept Pointe Homeowners Association, Inc. (Firm/Company)
5510 Clifton Ruad (Address)
Jacksonville Florida 32211 (City/State and Zip Code)
Jactoringa Comcast net  SE-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jay Schwartz at (678) 575-5785  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certificate of Status  Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Article	es of Amendment			
Article	to File ED sof Incorporation 13			
Windswept Homeowners Name of Corporation as currently filed with the Flo	ASSOCIATION In CALLAHASSEE STATE			
. N 13 6000 80 4 (Document Number of Co	Priorition (if known)			
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following			
A. If amending name, enter the new name of the corporat	ion:			
Windswept Pointe Homeo name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."			
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	5510 Clifton Road Jacksonville Florida			
	3221			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5510 Clifton Road Jacksonville Florida			
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: 55 (0 Ui	Ston Road			
New Registered Office Address:	(Florida street address)			
Jackson (City)	ville , Florida 3331 (Zip Code)			
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			

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 A Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	P	Jay Schwartz	5510 Cliffon Road Jacksonville Fl.
2)Add	$\mathcal{D}_{-}$	Debbie Schwartz	5510 Clifton Road Jacksonoille . Fl.
Remove 3) Change Add	<i>D</i>	Clint Wilder	32211 5510 Clifton Road Jacksonoville. Fli
Remove 4) Change Add			3 2211
Remove Change Add			
Remove  6) Change  Add  Remove			

E. If amending or adding additional Arti	icles, enter change(s) here:
E. If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)
<del></del>	
•	
· · · · · · · · · · · · · · · · · · ·	<del></del>

The date of each amendment(s) adoption: 28 13 date this document was signed.	_, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	_
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.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Signature  (By the chairman of 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)	_
Tay Schwartz  (Typed or printed name of person signing)  President Board of Director (Title of person signing)	5
Windswept Pointa Homeowners Asso	ociation Inc