## N13 00000 8726

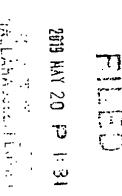
(Reque	stor's Name)	
(Addre	ss)	
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(City/Si	tate/Zip/Phone #	r)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name	)
(Docum	nent Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Filin	ng Officer:	

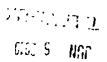
Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

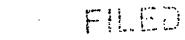
Weavers Run Homeon NAME OF CORPORATION:	wners Associatio	on	
N13000008726			
DOCUMENT NUMBER:		· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Amendment and fee are submitt	ed for filing.		
Please return all correspondence concerning this matter to	the following:		
Cathy Losher			
(N	ame of Contact Pe	erson)	
Weavers Run Homeowners Association			
	(Firm/ Company	')	
7554 Milynn Way			
	(Address)		
Pensacola, FL 32526			
(Ci	ity/ State and Zip (	Code)	
losherc@hotmail.com			
E-mail address: (to be used for	r future annual rep	ort notification	)
For further information concerning this matter, please call	I:		
Cathy Losher	at	423	215-4697
(Name of Contact Person)	at		(Daytime Telephone Number)
Enclosed is a check for the following amount made payab	ole to the Florida I	Department of S	itate:
(	\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi s Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

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



Weavers Run Homeowners Association		<del></del>
(Name of Corporation as cur	rently filed with the Florida Dep	n. or stitle
N13000008726		A. Lingson E. F. Etono
(Document Nu	mber of Corporation (if known)	William Soller Leave
Pursuant to the provisions of section 617,1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the corporation	ra <u>tion:</u>	
n/a		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the	e abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	7554 Milynn Way	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.	SS) Pensacola, FL 32526	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2172 W Nine Mile Rd. #10	09
	Pensacola, FL 32534	
D. If amending the registered agent and/or registered of	office address in Florida, enter t	the name of the
new registered agent and/or the new registered offi-	ce address:	
n/a <u>Name of New Registered Agent</u> :	. <u> </u>	
	(Florida str	reet address)
New Registered Office Address:		
n/a		Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I ar	red Agent: n familiar with and accept the ob-	ligations of the position.
n(	Signature of New Registered A	
	Signature of New Registered A	gent, 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 Doc 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 Doc. PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:  X Change X Remove X Add	$\overline{\underline{\mathbf{v}}}$ $\overline{\mathbf{Mi}}$	nn Doe ke Jones lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
	T	Williams, Bob	7383 Farmers Rd.
1) Change			Pensacola, FL 32526
Add X Remove			
	T	Losher, Cathy	7554 Milynn Way
2) Change	<del></del>		Pensacola, FL 32526
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
n/a	
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
· · · · · · · · · · · · · · · · · · ·	

	rva	
The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
n	'a	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not Department of State's records.	be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/wer was/were sufficient for appr	e adopted by the members and the number of votes east for the amendment(s) oval.	
☐ There are no members or madopted by the board of dir	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.	
Dated	5/16/19	
Signature	athy Losher	
	nairman or vice chairman of the board, president or other officer-if directors	
	been selected, by an incorporator - if in the hands of a receiver, trustee, or	
other co	irt appointed fiduciary by that fiduciary)	
Cath	y Losher	
	(Typed or printed name of person signing)	
Trea	surer	
	(Title of person signing)	