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JAN - 9 2017 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

GARDEN AT TWIN EAGLES SECONTINEUM ASSOCIATION
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Amendment Section Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

FIELD JECKETARY OF JUDIE HYISION OF CORPORATION

Articles of Incorporation

of 2017 JAN -6 PM 2:.28
Covenant barden At Twincagles Sec I Condo ASSOC
(Name of Corporation as currently filed with the Florida Dept. of State)
N1400000 220]
(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:
···· <u>·············</u>
The 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:
Ivew negistered Office Address.
, Florida
(City) (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.
r nevery accept the appointment as registered agent. I am jaminar with and accept the doingations of the position.

Signature of New Registered 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	<u>V</u> <u>Mik</u>	1 Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address GRS MGMT ASSOC
1) Change Add Remove	<u>1 P</u>	CHRIS HASTY	3900 WOODLAKEDR. STE 309 FT WORTH, FL 33463
2) Change Add	VP.	DAVID HEINKEL	GRS MGMT ASSOC 3900 WOODLAKE DR.
Remove 3) Change Add			#309 FT WORTH FL 33463
Remove 4) Change Add	. ——	· <u>·</u>	
Remove 5) Change Add			
Remove			
6) Change Add			
Remove			

amending or adding additional A ttach additional sheets, if necessary)	(Be specific	c)			
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618 X 1011					/
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The date of each amendment(s) adoption	on:		Fatt.	, if other than th
date this document was signed.			ELVISION OF CORFE	テMET 別ATI
Effective date if applicable:	(no more than 90 days after	2017 er amendment file date)		
Note: If the date inserted in this block do document's effective date on the Departm		statutory filing requirement	ents, this date will not	be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the nu	umber of votes east for t	he amendment(s)	
There are no members or members e adopted by the board of directors.	intitled to vote on the amend	lment(s). The amendme	nt(s) was/were	
DatedSignature	Midse	D ponos	ن	
(By the chairman have not been sel	or vice chairman of the boar lected, by an incorporator – inted fiduciary by that fiduci	if in the hands of a recei		_
Mi	Chael N (Typed or printed	10 RR 0 W name of person signing)	
A	GENT F	OR THE of person signing)	ASSOCT.	ATTON