

N14000007164

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000020169 3)))



H150000201693ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : GILLIGAN, GOODING & FRANJOLA, P.A.
Account Number : I20010000016
Phone : (352) 867-7707
Fax Number : (352) 867-0237

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: JGOODING@OCALALAW.COM

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
LITTLE SUMTER STORMWATER FACILITIES PROPERTY
OWNERS**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED
15 JAN 26 PM 12:06
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JAN 26 AM 9:27

CL
1-27-15

01/26/2015 15:17 3526208884

GILLIGAN KING GOODIN

PAGE 02

Division of Corporations

Page 2 of 2

Electronic Filing Menu

Corporate Filing Menu

Help

H150000201693

COVER LETTER

TO: Amendment Section
Division of Corporations

LITTLE SUMTER STORMWATER FACILITIES PROPERTY OWNERS ASSOCIATION, INC.
NAME OF CORPORATION: _____

DOCUMENT NUMBER: N14000007164

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

W. James Gooding III

(Name of Contact Person)

Gilligan, Gooding & Franjola, P.A.

(Firm/ Company)

1531 SE 36th Avenue

(Address)

Ocala, Florida 34471

(City/ State and Zip Code)

jgooding@ocalalaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karla Hayter

(Name of Contact Person)

352 867-7707

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|---|---|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
266 J Executive Center Circle
Tallahassee, FL 32301

H150000201693

H150000201693

15 JAN 26 AM 9:27

Articles of Amendment
to
Articles of Incorporation
of

Little Sumter Stormwater Facilities Property Owners Association, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N14000007164

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ 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: _____

(City)

Florida

(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

H150000201693

H150000201493

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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

H150000201493

01/26/2015 15:17
H150000201493

3526208884

GILLIGAN KING GOODIN

PAGE 06

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Paragraph 8.3 of the original Articles is amended to read as follows:
However, should the Association dissolve, the Stormwater Management
System shall be transferred to and maintained by an entity acceptable
to the Water Management District as defined in Section 17.1 of
"Applicant's Handbook: Regulation of Stormwater Management Systems
Chapter 40C-42, F.A.C." dated December 27, 2010. Transfer of maintenance
responsibility shall be effectuated prior to dissolution of the Association.

H150000201493

4150000201693

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

15 JAN 26 AM 9:27

The date of each amendment(s) adoption: _____ if other than the date this document was signed.

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.

Dated January 22, 2015

Signature Ronald D. Brown

(By the chairman or 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)

Ronald D. Brown

(Typed or printed name of person signing)

President

(Title of person signing)

4150000201693