N14000008441

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2021 J. 23 Pit 3: 14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SMRT HOMEOW	NERS ASSOCIATION, IN	C.	
	BER: N14000008441			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	DAVIDA MCPHEE			
		Name of Contact Persor	1	
	Firm/ Company			
	12340 NW 15TH STREET			
		Address		
	PLANTATION, FL 33323			
		City/ State and Zip Code	2	
	DACHBARR1@BELLSOU	TH.NET		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
DAVIDA MCPHEE		at (<u>601</u>	832 2495	
Name of Contact Person		Area Coo	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State;	
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P,O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, F1, 32303	

Articles of Amendment to Articles of Incorporation of

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SMRT HOMEOWNERS ASSOCIATIO		tly filed with the Florida Dept. of State)	
N1400008441	or Corporation as Current	in med with the Amida Dept. of State	
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendm	ent(s) to
A. If amending name, enter the new n	ame of the corporation:		
		The nev	۸,
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contracted," "professional association,"	Corp," "Inc," or "Co".	'company," or "incorporated" or the abbreviation "Corp A professional corporation name must contain the wor"	 d
		12380 NW 15TH STREET	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		PLANTATION, FLORIDA 33323	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12380 NW 15TH STREET	
		PLANTATION, FLORIDA 33323	
D. If amending the registered agent at new registered agent and/or the ne	nd/or registered office add w registered office addres	dress in Florida, enter the name of the s:	
Name of New Registered Agent	MICHAEL SALMON ESO		
	10100 W SAMPLE ROA	D 3RD FLOOR	
	•	reet address)	
New Registered Office Address:	CORAL SPRINGS	, Florida 33065	
		(City) (Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	hanging Registered Ager tered agent. I am familiar	with and accept the obligations of the position.	
N	h//	7921	
	Signature of New	Registered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	Title	<u>Name</u>	<u>Addres</u> s
(Check One)	PD	EDUARDO CAMET	5240 UNIVERSITY DRIVE, STE
1) Change			DAVIE, FLORIDA 33328
Add			
X Remove	STD	LISA KLIKA	5240 UNIVERSITY DRIVE, STE
2) Change			DAVIE, FLORIDA 33328
Add			
X Remove 3) Change	PD	DANIELLA MADDALUNO	12380 NW 15TH STREET
X Add			PLANTATION, FL 33323
Remove			
	VP	DAVIDA MCPHEE	12340 NW 15TH STREET
4) Change X Add			PLANTATION, FL 33323
Remove			
5) Change	ST	KRIZIA NEAL	12360 NW 15TH STREET
X Add		_	PLANTATION, FL 33323
Remove			
6) Change			
Add			
Remove			

Mach addition	r adding additional nal sheets, if necessar	ry). (Be specific)			
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an amendm	ent provides for an or implementing the	exchange, reciass	t contained in th	e amendment it:	self:	
(i∫ not ap)	olicable, indicate N/A	()				
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			_			

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
		at the second of the Board on the
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements epartment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareho	der action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the ame afficient for approval.	ndment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	; statement (s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	.,	
	(voting group)	
D I	07-14-2021	
Dated	07-14-2021 Pds drun	
Signature (By a d	irector, president or other officer - if directors or officers have n	ot been
selecte appoin	d, by an incorporator – if in the hands of a receiver, trustee, or of ted fiduciary by that fiduciary)	her court
	EDUARDO CAMET	
	(Typed or printed name of person signing)	
	PD	
	(Title of person signing)	