

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

JUN 0 4 2018

Account Name : TRIAD PROFESSIONAL SERVICES

Account Number : 120160000008 Phone : (850)777-2091 Fax Number : (770)220-1943

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

Email Address:_____

COR AMND/RESTATE/CORRECT OR O/D RESIGN TUSCANY WOODS COMMUNITY ASSOCIATION, INC.

| Certificate of Status | 0 |
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| Certified Copy | 1 |
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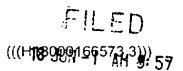
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section
Division of Corporations

| Division of Corporations | | |
|--|--|---|
| TUSCANY WOODS COMMU | JNITY ASSOCIATION, | INC. |
| | | |
| DOCUMENT NUMBER: | | |
| The enclosed Articles of Amendment and fee are submitted for t | filing. | |
| Please return all correspondence concerning this matter to the fo | llowing: | |
| JENNIFER BADEN | | |
| (Name of | Contact Person) | |
| TRIAD PROFESSIONAL SERVICES | | |
| (Firm | t/ Company) | |
| 1720 WINDWARD CONCOURSE, SUITE 390 | | |
| (2 | Address) | · |
| ALPHARETTA, GA 30005 | | |
| (City/ Sta | te and Zip Code) | |
| JBADEN@TRIADPROS.COM | | |
| E-mail address: (to be used for future | annual report notification | n) |
| For further information concerning this matter, please call: | | |
| JENNIFER BADEN | 770 | 777-2091 |
| (Name of Contact Person) | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the following amount made payable to the | ne Florida Department of | State: |
| - · · · · · · · · · · · · · · · · · · · | ed Copy Certif onal copy is Certif ed) (Addi | 0 Filing Fee ficate of Status fied Copy itional Copy is osed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address Amendment Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3 | orations Center Circle |



Articles of Amendment to Articles of Incorporation of SECRETARY BEASTATE TALLAHASSEE FLORIDA

| | own) Profit Corporation adopts the followin |
|---|---|
| s, this <i>Florida Not For</i> | • |
| | Profit Corporation adopts the followin |
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| tion" or "incorporated | " or the abbreviation "Corp." or "Inc." |
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| | , Florida |
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| | ce address in Florida, oddress; (Fig. (City) |

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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 | V Mil | n Doc ke Jones ly Smith | |
|------------------------------------|--------------|-------------------------------|--------------------------|
| Type of Action (Check One) | <u>Title</u> | Name | Addres s |
| 1) Change | VTD | SCOTT HIMELHOCH | 3922 COCONUT PAILM DRIVE |
| Add | | | SUITE 108 |
| X Remove | | | TAMPA, FI. 33619 |
| 2) Change | VTD | CARLOS DE LA OSSA | 3922 COCONUT PALM DRIVE |
| X Add | | | SUITE 108 |
| Remove | | | TAMPA, FL 33619 |
| 3)Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| | | | |
| Remove | | Page 2 of 4 | |

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| If amending or adding addition attach additional sheets, if nece | essary). (Be spe | cific) | | | |
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| | JUNE 1, 2018 | |
|-------------------|--|--|
| | The date of each amendment(s) adoption: | , if other than the |
| date | late this document was signed. | , |
| Em | Effective date if applicable: | |
| | (no more than 90 days after a | mendmeni file dirie) |
| <u>Not</u> doc | Note: If the date inserted in this block does not meet the applicable standoument's effective date on the Department of State's records. | atory filing requirements, this date will not be listed as the |
| Ade | Adoption of Amendment(s) (CHECK ONE) | |
| | The amendment(s) was/were adopted by the members and the numbers was/were sufficient for approval. | er of votes cast for the amendment(s) |
| = | There are no members or members entitled to vote on the amendme adopted by the board of directors. | nt(s). The amendment(s) was/were |
| | DatedJUNE 1, 2018 | ₽ A |
| | Signature | |
| | (By the chairman or vice chairman of the board, p have not been selected, by an incorporator – if in other court appointed fiduciary by that fiduciary | the hands of a receiver, trustee, or |
| | (Typed or printed name | |
| | Pars DEA | erson signing) |