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COVER LETTER

TO: Amendment Section Division of Corporations

Ardmore Res	erve Homeowners Association, Inc.
N15000009408 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Michael Miller	
- <u></u>	(Name of Contact Person)
Empire Management Group, Inc	
	(Firm/ Company)
770 Almond Street, Ste A	
<u> </u>	(Address)
Clermont, FL 34711	
	(City/ State and Zip Code)
mmiller@empiremanagementgrp.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call:
Michael Miller	352 535-0099 at
(Name of Contact	Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	Fee & \$\Bigsquare\$ \$\Status\$ Certified Copy (Additional copy is enclosed) Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BIRNOY 2 PHILESH

		01	<u></u>
Ardmore Reserve Homeowners Association, Inc.			<i>ر</i> ع
(Name of Corporation	as curren	tly filed with the Florida	Dept. of State)
N15000009408			
(Docum	nent Numb	er of Corporation (if know	m)
Pursuant to the provisions of section 617,1006, Flor imendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida Not For Pi</i>	rofit Corporation adopts the following
A. If amending name, enter the new name of the	corporat	ion:	
n/a			ari
name must be distinguishable and contain the word "Company" or "Ço." may not be used in the name		tion" or "incorporated" o	The new or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	ble:	n/a	
Principal office address MUST BE A STREET A)	
C. Enter new mailing address, if applicable:		,	
(Mailing address MAY BE A POST OFFICE I	BOX)	n/a 	
			
D. If amending the registered agent and/or regis			er the name of the
new registered agent and/or the new register		iddress:	
Name of New Registered Agent:	n/a		
		(Florid	a street address)
<u>New Registered Office Address</u> :	n/a		
		(***)	Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing F			
hereby accept the appointment as registered agen	t. Lam fa	miliar with and accept the	obligations 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>Mil</u>	n Doe te Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	SD	Chris Tyree	770 Almond Street
Add			Ste A
X Remove			Clermont, FL 34711
2) Change	SD	Tony Iorio	770 Almond Street
x Add			Ste A
Remove			Clermont, FL 34711
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	· · · · · · · · · · · · · · · · · · ·		
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
, n/a	
17 (1	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:			, if other than the	
Eff	M ective date <u>if applicable</u> :	ay 7th, 2018		
		(no more than 90 days after amendment file date)		
	te: If the date inserted in this lument's effective date on the l	block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	be listed as the	
Ad	option of Amendment(s)	(CHECK ONE)		
	The amendment(s) was/were was/were sufficient for appro-	adopted by the members and the number of votes east for the amendment(s) avail.		
	There are no members or me adopted by the board of dire	mbers entitled to vote on the amendment(s). The amendment(s) was/were etors.		
	Dated	10/30/18		
	Signature		_	
	have not	airman 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 rt appointed fiduciary by that fiduciary)		
	Stephe	en Orosz		
		(Typed or printed name of person signing)		
	Presid	ent		
		(Title of person signing)		

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