N15000 011 999

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Amend

DEC 0 4 2019 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

| EDEN COVE HOM NAME OF CORPORATION: | EOWNER'S ASSOCIATION, INC. | |
|---|--|--|
| N15000011999 DOCUMENT NUMBER: | | |
| The enclosed Articles of Amendment and fee are subr | | |
| Please return all correspondence concerning this matte | er to the following: | |
| George Gowen | | |
| | (Name of Contact Person) | |
| EDEN COVE HOMEOWNER'S ASSOCIATION, IN | NC. | |
| | (Firm/ Company) | |
| 5937 Mohr Rd. | | |
| | (Address) | |
| Tampa, FL 33615 | | |
| | (City/ State and Zip Code) | |
| ggowen442@aol.com | | |
| E-mail address: (to be used | for future annual report notification) | |
| For further information concerning this matter, please | call: | |
| George Gowen | 7278717661 | |
| (Name of Contact Person |) at(Area Code) (Daytime Telephone Number) | |
| Enclosed is a check for the following amount made pa | yable to the Florida Department of State: | |
| ■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) | |
| Mailing Address Amendment Section | Street Address Amendment Section | |
| Division of Corporations | Division of Corporations | |
| P.O. Box 6327 | Clifton Building | |
| Tallahassee, Fl. 32314 | 2661 Executive Center Circle | |

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

| (Name of Corporation | as currently filed with the Fl | orida Dept. of State) |
|--|--|---|
| N15000011999 | | |
| (Docur | nent Number of Corporation (if | known) |
| Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation: | rida Statutes, this <i>Florida Not I</i> | For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the | e corporation: | |
| N/A | | The new |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam | | ed" or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | <i>BOX</i>) | r-3 (m) (m) |
| D. If amending the registered agent and/or reginew registered agent and/or the new registered | | a, enter the name of the |
| Name of New Registered Agent: | N/A | a, enter the name of the |
| | N/A | |
| New Registered Office Address: | | Florida street address) |
| | | Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing la hereby accept the appointment as registered agen | | ot the obligations of the position. |
| - | Signature of New Reg | istered 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>Mi</u> | nn <u>Doe</u> ke Jones lly Smith | |
|------------------------------------|--------------------|--|-----------------|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | <u>s</u> | Young Kim | 5925 Mohr Rd. |
| Add | | | Tampa, FL 33615 |
| X Remove | | | |
| 2) Change | <u>s</u> | Maryann Gowen | 5937 Mohr Rd. |
| X Add | | | Tampa, FL 33615 |
| Remove | | | |
| 3) Change | <u>T</u> | Rosalinda Vasquez | 5929 Mohr Rd. |
| Add | | | Tampa, FL 33615 |
| X Remove | | | |
| 4) Change | <u>T</u> | Young Kim | 5925 Mohr Rd. |
| X Add | | | Tampa, FL 33615 |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| The date of each amendment(s) a | idoption: | , if other than the |
|--|---|----------------------|
| date this document was signed. | | |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this bidocument's effective date on the D | lock does not meet the applicable statutory filing requirements, this date will department of State's records. | not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were a was/were sufficient for approx | adopted by the members and the number of votes cast for the amendment(s) val. | |
| ☐ There are no members or mer adopted by the board of direct | mbers entitled to vote on the amendment(s). The amendment(s) was/were etors. | |
| Dated 01 Nov 20 | 019 | |
| Signature | 11/11 | |
| have not b | 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 trappointed fiduciary by that fiduciary) | |
| George | e Gowan | |
| | (Typed or printed name of person signing) | |
| Preside | ent | |
| • | (Title of person signing) | |