N16000000260

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 JUN 17 AMION I

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COVER LETTER

TO: Amendment Section Division of Corporations

meowners Association,	Inc.	
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<u></u>	,	
mitted for filing.		
er to the following:		
(Name of Contact Pers	son)	
(Firm/ Company)		·····
(Address)		
(City/ State and Zip Co	ode)	<u> · · · · · · · · · · · · · · · · ·</u>
d for future annual repor	t notification	1)
call:		
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ayable to the Florida De	partment of S	State:
□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee feate of Status fed Copy tional Copy is osed)
	mitted for filing. er to the following: (Name of Contact Pers (Firm/ Company) (Address) (City/ State and Zip Collifor future annual report call: at	(Name of Contact Person) (Firm/ Company) (Address) (City/ State and Zip Code) I for future annual report notification call: at 561 (Area Code) ayable to the Florida Department of Certified Copy Certified Copy (Additional copy is challenged)

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

Reynolds Ranch Homeowner Association, Inc.					
(Name of Corporation as co	urrently filed with	the Florida Dept. of St	ate)		
N16000000260					
(Document)	Number of Corporati	on (if known)			
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation;	Statutes, this <i>Florida</i>	Not For Profit Corpor	cation adopts	the foll	lowing
A. If amending name, enter the new name of the corp	ooration:				
				<i>T)</i> :	ie new
name must be distinguishable and contain the word "con "Company" or "Co," may not be used in the name.	rporation" or "inco	rporated" or the abbrev	viation "Corp		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	ESS)				
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)					
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		Horida, enter the nam	e of the	SECRE	III. 61
Name of New Registered Agent				カンション	<u>z</u>
New Registered Office Address:		(Florida street addres	v) – Elorida	FF STATE	AH IQ
	(City)	·	(Zip Codes	<u>ترزاح</u> •	2
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. It		l accept the obligations	ef the position	n.	
	Signature of Ne	w Revistered Avent, if c			

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>Mike</u>	<u>Doe</u> : Jones : Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TSD	Barbara Mabie	3601 Quantum Blvd
Add			Boynton Beach, FL 33426
X Remove			
2) Change	TSD	Gemma Pickard	3601 Quantum Blvd
X Add			Boynton Beach, FL 33426
Remove	VP	Kevin Borkenhagen	3601 Quantum Blvd
3) Change			Boynton Beach, FL 33426
X Remove			3601 Quantum Blyd AS
4) Change	VP	Max Kaye	3601 Quantum Blvd SS
X Add			Boynton Beach, FL 33126
Remove			
5) Change			TEORIDA TEORIDA 12
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)			
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	e date of each amendment(s) adoption:	, if other than the
Eff	ective date <u>if applicable</u> :	
	ective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no nument's effective date on the Department of State's records.	t be listed as the
Ada	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes east 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 5/30/19	
	Signature (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)	<u> </u>
	Maya Simhon-Chocron	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	SF 19
	And the state of t	\$ <u>1</u>
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