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TO: Amendment Section

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Division of Corporation	ns				
NAME OF CORPORATION	REYNOLDS RANC	H HOMEOWNER	RS ASSOC	OITAE	N, INC.
DOCUMENT NUMBER:	N16000000260	_			
The enclosed Articles of An	nendment and fee are sub	mitted for filing.			
Please return all correspond	ence concerning this matte	er to the following:	:		
Cara Chieffallo					
		(Name of Contact	Person)		
K. Hovnanian Homes					
	•	(Firm/ Compa	any)		
3601 Quantum Blvd					
	-	(Address))		_
Boynton Beach, FL 33426					
		(City/ State and Z	ip Code)		-
cchieffallo@khov.com					
T	-mail address: (to be used	for future annual	report not	fication	1)
For further information con-	cerning this matter, please	call:			
Cara Chieffallo			561		364-3326
	(Name of Contact Person)		Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	ayable to the Floric	da Departn	nent of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing For Certified Copy (Additional copenclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
			o		

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

A	rticles of Amendment	The state of the s
Δ.	to rticles of Incorporation	
Ai	of	ر <u>د</u>
REYNOLDS RANCH HOMEOWNERS ASSOCIATIO	ON, INC.	``
Name of Corporation as currently filed with the Flor	rida Dept. of State)	
N16000000260		
(Document N	Number of Corporation (if kn	iown)
Pursuant to the provisions of section 617.1006, Florida S mendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not For</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
		The new
name must be distinguishable and contain the word "cor "Company" or "Co," may not be used in the name.	poration" or "incorporated	
3. 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 MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered new registered agent and/or the new registered off		enter the name of the
		enter the name of the
new registered agent and/or the new registered off Name of New Registered Agent:	fice address:	enter the name of the
new registered agent and/or the new registered off	fice address:	rida street address)
new registered agent and/or the new registered off Name of New Registered Agent:	fice address:	
new registered agent and/or the new registered off Nume of New Registered Agent: New Registered Office Address:	fice address: (Flo	rida street address) Florida
new registered agent and/or the new registered off Name of New Registered Agent:	fice address: (Flo (City)	orida street address) . Florida . (Zip Code)

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	PT John Do V Mike Jo SV Sally Sr	neş	
Type of Action (Check One)	Title	Name	Address
1) Change Add	<u>P</u>	Kathleen Kurtz	3601 Quantum Blvd Boynton Beach, FL 33426
Remove			
2) Change Add	<u>P</u>	Jon Isherwood	3601 Quantum Blvd Boynton Beach, FL 33426
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet	ng additional Artiets, if necessary).	icles, enter change(s) here: (Be specific)	
		<u> </u>	

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The date of each amendment	t(s) adontion:	5/5/2020				_, if other than the
date this document was signed						
Effective date if applicable:	6/5/2020					
	(na	more than 90 da	ys after amendn	ient file date)		·
Note: If the date inserted in the document's effective date on the	nis block does n he Department	ot meet the appli of State's records	cable statutory f	iling requirement	s, this date will not l	oe listed as the
Adoption of Amendment(s)	Œ	CHECK ONE)				
☐ The amendment(s) was/w was/were sufficient for ap	rere adopted by oproval.	the members and	I the number of	votes east for the	amendment(s)	

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_	adopted by the board of directors.
	Dated 6.13.2020
	Signature OiCLOAO
	(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)
	(Typed or printed name of person signing)
	(Title of person signing)