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COVER LETTER

TO: Amendment Section Division of Corporations

HIGH NAME OF CORPORATION:	LAND MEADOWS PHA	SE 3B HOMEOWNE	RS ASSOCIATION INC	
N1600000 DOCUMENT NUMBER:				
The enclosed Articles of Amendment a		ling.	-	
Please return all correspondence conce	ming this matter to the foll	owing:		
DENISE ABERCROMBIE				
	(Name of C	Contact Person)		
HIGHLAND COMMUNITY MANAC	EMENT, LLC			
	(Firm/	Company)		
3020 S. FLORIDA AVE. SUITE 305				
	(A	ddress)		
LAKELAND, FL 33803				
	(City/ State	and Zip Code)	·-	
INFO@HCMANAGEMENT.ORG				
E-mail addr	ess: (to be used for future a	annual report notificat	ion)	
For further information concerning this	matter, please call:			
DENISE ABERCROMBIE		863	940-2863	
(Name of	Contact Person)) (Daytime Telephone Num	nber)
Enclosed is a check for the following a	mount made payable to the	: Florida Department o	of State:	
	5 Filing Fee & \$\sum \\$43.75 F\\ cate of Status	Copy Cer nal copy is Cer d) (Ad	50 Filing Fee tificate of Status tified Copy ditional Copy is closed)	
Mailing Address		Street Address	<u>i</u>	

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

HIGHLAND MEADOWS PHASE 3B HOMEOWNERS ASSOCIATION INC

(Name of Corporation as	s currently filed with the Flo	orida Dent. of State)	
N16000008596		,	
(Docume)	nt Number of Corporation (if)	known)	
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	la Statutes, this Florida Not F	or Profit Corporation adopts the	following
A. If amending name, enter the new name of the c	orporation:		
			The new
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	corporation" or "incorporate	ed" or the abbreviation "Corp." o	or "Inc."
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET AD</u>			
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>		
D. If amending the registered agent and/or registe		ı, enter the name of the	
new registered agent and/or the new registered	l office address:		
Name of New Registered Agent:		 	
		Florida street address)	
		, Florida	
_	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.		-,	77
	Signature of New Regi	stered Agent, if changing U	
	Page 1 of 4	<u> </u>	

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 D V Mike J SV Sally S	ones	
Type of Action (Check One)	Title	Name	Address
1) Change	P	D. JOEL ADAMS	3020 S. FLORIDA AVE
Add			SUITE 101
X Remove			LAKELAND, FL 33803
2) Change	VP	ROBERT J ADAMS	3020 S. FLORIDA AVE
Add			SUITE 101
X Remove			LAKELAND, FL 33803
3) Change	ST	BRIAN WALSH	3020 S. FLORIDA AVE
Add		<u> </u>	SUITE 101
X Remove			LAKELAND, FL 33803
4) Change	<u> </u>	Rita Chenique	3020 S. Florida Ne Ste. 305
Add Remove			Lakeland, FL 33803
5) Change	<u> </u>	Julio Salas	3020 5. Florida Ave.
<u>X</u> Add Remove			Ste. 305 Lakeland, FL 33803
6) Change Add	<u>ST</u>	Amber Gil	3020 5. Florida Ave. Ste 305
Remove		Pogo 2 of 4	Lakeland, FL 338c3

amending or adding additional Attach additional sheets, if necessary).	. (Be specific)				
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		6/28/2018	
	e date of each amendment this document was signed.	s) adoption:	, if other than the
	ective date if applicable:	6/28/2018	
Liii	ective date <u>ii applicable</u> .	(no more than 90 days after amendment file date)	
		is block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	not be listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) proval.	
8	There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendment(s) was/were irectors.	
	Dated 6/28/2	018	
	Signature		<u></u>
	have n	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)	
	/ D	OEL ADAMS	
		(Typed or printed name of person signing)	
	PR	ESIDENT	
	 .	(Title of person signing)	