Nº 16256

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COVER LETTER

TO: Amendment Section **Division of Corporations** D. A. of Citrus County, Inc. Glen NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jaequeline Dean Treasurer
(Name of Contact Person) (Firm/ Company) Beverly Hills, FL 34464
(City/ State and Zip Code) E-mail address (to be used for future annual report notification) For further information concerning this matter, please call: Tacqueline Dean
(Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: **■** \$35 Filing Fee **■**\$43.75 Filing Fee & **■**\$43.75 Filing Fee & □\$52.50 Filing Fee # 3674 Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy 6/22/17 enclosed) (Additional Copy is Enclosed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee. FL 32301

Articles of Amendment to Articles of Incorporation of

The Glen Homeowners Ass (Name of Corporation as curre	ociation	of Citrus County 1
		Ida Departi Dinie
	ber of Corporation (if k	nown)
· ·	• `	,
ursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
If amending name, enter the new name of the corpora	tlon:	
		The new
me must be distinguishable and contain the word "corpora	ation" or "incorporated	d" or the abbreviation "Corp." or "Inc."
ompany" or "Co." may not be used in the name.		
Enter new principal office address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS	')	A 2 F
		<u> </u>
Enter non-malting address (Compliants)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Musing united MATERIA I ONI VITTOE BOA)		
If amending the registered agent and/or registered off	ice address in Florida,	enter the name of the
new registered agent and/or the new registered office	address:	
N		
Name of New Registered Agent:		
	(7)	
(Florida street address) New Registered Office Address:		oriaa street aaaress)
A STATE OF THE STA		
		, Florida
	(City)	(Zip Code)
w Registered Agent's Signature, if changing Registere	d Agent:	
ereby accept the appointment as registered agent. I am for	amiliar with and accept	the obligations of the position.
	C1	
	Signature of New Regist	tered 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	PT John I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	Title	Name	Address
Change Add Remove	PT	Allen Mathews	3636 N. Lucille Dr. Beverly Hills, Fl. 34465
2) Change Add Remove	PT	William Bozeman	3565 N. Timothy Terr. Beverly Hills, Fl. 34465
Change Add Remove	<u></u>	James Monroe	3611 N. Lucille Dr. Bluenhy Hills, Fl. 34465
4) Change Add Remove	<u>V</u>	harry Johnston	3609 N. Timothy Terr Beverly Hills, Fl. 34465
5) Change Add			
Remove 6) Change			
Add	***************************************		
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
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	edate of each amendment(s) adopti this document was signed.	on: June 16, 2017	, if other than the
Eff	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file d	late)
	e: If the date inserted in this block dument's effective date on the Department.	pes not meet the applicable statutory filing requinent of State's records.	irements, this date will not be listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the number of votes east	for the amendment(s)
	There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment	idment(s) was/were
	Dated June	22, 2017	
	Signature Jucq	or vice chairman of the board, president or other	
	have not been se	or vice chairman of the board, president or othe lected, by an incorporator — if in the hands of a re inted fiduciary by that fiduciary)	
	<i>J</i> _	(Typed or printed name of person sign	ning)
		/reasurer (Title of person signing)	· · · · · · · · · · · · · · · · · · ·
		(i mic or person signing)	