N170000003670

(Requestor's Name)
(Address)
(Address)
(1,23,333)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Secument Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400354597974

11/03/20--01032--028 ++85.00

Amand

DEC 1 F 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PARK PLACE AT A	ALOMA HOMEOWNE		HARION, INC
N17000003670 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-			
Please return all correspondence concerning this matte			
TAMMI MORRRISON			
	(Name of Contact Pers	on)	
TAMMI MORRISOM LCAM FOR PARK PLACE O	OF ALOMA HOA		
	(Firm/ Company)		
890 NORTHERN WAY SUITE B2,			
· · · · · · · · · · · · · · · · · · ·	(Address)		
WINTER SPRINGS FL 32708			
	(City/ State and Zip Co	ode)	·
ALOMAPARKPLACEHOA@GMAIL.COM			
E-mail address: (to be used	for future annual repor	1 notification	n)
For further information concerning this matter, please	call:		
TAMMI MORRISON	at	21	274-2496
(Name of Contact Person) (/	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	iyable to the Florida De	partment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section	Street Address Amendment Section		
Division of Corporations Division of Corpo		orations	

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

PARK PLACE AT ALOMA HOMEOWNERS ASSOCIATION, INC.

(Name of Corporation as currently filed with the	e Florida Dept. of State)	
N17000003670		
(Docum	nent Number of Corporation (if I	known)
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not F</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
		The new
name must be distinguishable and contain the wore "Company" or "Co," may not be used in the nam		d" or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applica		7
(Principal office address <u>MUST BE A STREET A</u>	IDDRESS)	<u>्र</u> ि
		. .
	<u> </u>	
C. Enter new mailing address, if applicable:	BOY	- ,
(Mailing address <u>MAY BE A POST OFFICE</u>	BOA)	
		<u> </u>
D. If a manding the posictored agent and/or mail	stand office address in Planid	anton the name of the
D. If amending the registered agent and/or reginew registered agent and/or the new registered.		i, enter the name of the
Name of New Registered Agent;	TAMMI MORRRISON	
<u>кате ој нем кедіметеа ядет.</u>	890 NORTHERN WASY, SUI	TF R2
		Florida street address)
New Registered Office Address:		
	WINTER SPRINGS	Florida 32708
	(City)	(Zip Code)
New Registered Agent's Signature, if changing i	Registered Agent:	
I hereby accept the appointment as registered agen		the obligations of the position.
_	1 Jann N	DIVISON
	Signature of New Regis	stered 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 = Ch. 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. The 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 Char 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	ones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	P	FAUBERT, LUIDGI A	3176 JADE TREE POINT OVIEDO, FL 32765
x Remove 2) Change Add	vp	VICENS, ANTONIO	C/O FIRSTSERVICE RESIDENTI 2300 MAITLAND CENTERE PAR
X Remove 3) Change Add X Remove	S/T	BOUFFARD, ANDREW	MAITLAND, FL 32751 C/O FIRSTSERVICE RESIDENTI 2300 MAITLAND CENTERE PAI MAITLAND, FL 32751
4) Change × Add	<u>P</u>	FELIX SANTAIAGO	890 NORTHERE WAY, SUITE B2 WINTER SPRINGS , FL 32708
Remove 5) Change	VP	PAUL CARTER JR	890 NORTHEEN WAY SUITE B2 WINTER SPRINGS, FL 32708
Remove 6) Change × Add	<u>T</u>	DAVID MATTHEW MAZE	890 NORTHERN WAY, SSUITE I WINTER SPRINGS FL 32708
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
STILL ADDING BOAR			DDY - ADDRESS IS:
STILL ADDING BOAR 890 NORTHER WAY ST	D MEMBER 8: X	ADD TITLE - O MILTON ANDRADE	- ADDDRESS IS :

Effective date if applicable:						
Effective date if applicable:						
Effective date if applicable:						
Effective date if applicable:	•			•		
Effective date if applicable:			.	· · · · · · · · · · · · · · · · · · ·		
Effective date if applicable:						
Effective date if applicable:						
Effective date if applicable:						
Effective date if applicable:						
Effective date if applicable:						
Effective date if applicable:		•				_
Effective date if applicable:						
Effective date if applicable:						
Effective date if applicable:						
Effective date if applicable:						_
Effective date if applicable:				-		
Effective date if applicable:						
Effective date if applicable:			_			
Effective date if applicable:		. 				
Effective date if applicable:						
Effective date if applicable:						·
Effective date if applicable:				·····		
Effective date if applicable:						
Effective date if applicable:						
Effective date if applicable:						
Effective date if applicable:			• •			
Effective date if applicable:						·
Effective date if applicable:						
Effective date if applicable:						
Effective date if applicable:						
Effective date if applicable:						
Effective date if applicable:						
Effective date if applicable:						
Effective date if applicable:						
Effective date if applicable:						
Effective date if applicable:		10/20/20/20				
Effective date if applicable:	The date of each amendment(s) adoption:	10/28/2020				if other tha
Affective date if applicable:	late this document was signed.				· · · · · · · · · · · · · · · · · · ·	
(no more than 90 days after amendment file date)	Effective date if applicables 10/28/2020					
(memore man en major apres amenantin par mare)	znecuve date <u>и аррисаою</u> :	o more than 90 da	avs after omei	ndment file da	ie)	
	14	comerciani zeria	ço ajıcı umer	ттет јис ин	,	

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast 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 Signature Dated 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)
(Typed or printed name of person signing) (Title of person signing)
(Title of person signing)