N17000 004 109

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
— (Bu	siness Entity Name	*)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

MAME OF CORRORATIO	The Landings at Alafi	а Ттасе Property Ow	ners Associati	on, Inc.
NAME OF CORPORATION				
DOCUMENT NUMBER: _	17000004109 			
The enclosed Articles of Ame	ndment and fee are subm	itted for filing.		
Please return all corresponden	ce concerning this matter	to the following:		
Denise Abercrombie				
	(Name of Contact Per	rson)	
Highland Community Manag	ement, LLC			
		(Firm/ Company)	 .	
3020 S. Florida Ave., Suite 30	05			
		(Address)	<u>-</u>	
Lakeland, FL 33803				
	(City/ State and Zip C	ode)	
info@hemanagement.org				
E-1	nail address: (to be used	for future annual repo	ort notification	n)
For further information conce	rning this matter, please c	all:		
Denise Abercrombie			863	940-2863
(1	Name of Contact Person)	ut_	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	llowing amount made pay	able to the Florida D	epartment of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif: Certif:	0 Filing Fee icate of Status icd Copy tional Copy is used)
Mailing Ad Amendmen			eet Address endment Secti	on

Division of Corporations

Tallahassee. FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to Articles of Incorporation of

The Landings at Alafia Trace Property Owners Association, Inc.

(Name of Corporation as curre		ida Dent of State)	
N17000004109	thu <u>y</u> med with the Fior	ida Depi. of State	
(Document Num	nber of Corporation (if kr	nown)	
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	ntes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the fo	ollowing
A. If amending name, enter the new name of the corpora	ation:		
		_	The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated	" or the abbreviation "Corp." or	"Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
	<u></u>	er Hill:	201
			19 SEP
C. Enter new mailing address, if applicable:		<u> </u>	۹ 30
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		<u> </u>	
		<u> </u>	<u> </u>
		- <u> </u>	 N
D. If amending the registered agent and/or registered of		enter the name of the	•
new registered agent and/or the new registered office	address:		
Name of New Registered Agent:			
	(Florida street address)		
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am		the obligations of the position.	
	Signature of New Regist	ered 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.

X.Change X.Remove X.Add	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PD	D. Joel Adams	3020 S. Florida Avc., Suite 101
Add			Lakeland, FL 33803
X Remove			
2) Change	VPD	Robert J. Adams	3020 S. Florida Avc., Suite 101
Add			Lakeland, FL 33803
X Remove	STD	Brian Walsh	3020 S. Florida Avc., Suite 101
Add			Lakeland, FL 33803
X Remove			
4) Change	<u>P</u>	Shameyah Francis	
Add			
5) Change	VP	Richard Gratausky	
X Add			
Remove			
6) Change	<u>S</u> _	Jennifer Esposito	
X Add			-
Remove		D 2.64	

Page 2 of 4

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.

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Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) Change	<u> </u>	Ama Dilane	
<u> </u>			
Remove			
2) Change	D	Laura Hauser	
X Add			
Remove	_		
3) Change	$\overline{\mathcal{D}}$	Erica Heller	
<u>X</u> Add			
Remove			
4) Change	D	Ashley Noplis	
Add		1	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
Kemove			

a la Francoic Page

f amending or ac attach additional .	sheets, if necessary)). (Be specific)				
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, · · · · ·	8/28/2019	
The date of each amendment(s) ac	loption:	, if other than the
late this document was signed.		
· · · · · · · · · · · · · · · · · · ·	8/2019	
Effective date if applicable:	3/2019	
in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo locument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.	
There are no members or mem- adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated 8 2	9/2019	
Signature		
have not be	rman or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Sh	(Typed or printed name of person signing)	
	President (Title of person signing)	