## N17630

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C/12/13/2022

## \* COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

VILLAS OF CR NAME OF CORPORATION:	OOKED LAKE CONDO	MINIUM AS	SOCIATION, INC.
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this r	natter to the following:		
Bart Ross			
	(Name of Contact Pe	rson)	
Villas of Crooked Lake			
	(Firm/ Company	)	
3434 Pinedale Dr			
	(Address)		<del></del>
Lakeland, FL 33811			
	(City/ State and Zip C	lode)	
brownsounds1@yahoo.com			
E-mail address: (to be	used for future annual rep	ort notificatio	n)
For further information concerning this matter, pl	ease call:		
Jason Brown	at	863	858-7183
(Name of Contact Per			(Daytime Telephone Number)
Enclosed is a check for the following amount mac	le payable to the Florida I	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat	_	Certit Certit	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Am Div	eet Address endment Sect ision of Corp Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

## Articles of Amendment to Articles of Incorporation of

FILED 2022 SEP 13 PM 12: 40

VILLAS OF CROOKED LAKE CONDOMINIUM ASSOCIATION, INC.

Name of Corporation as currently filed with the Florida	Dept. of State)	SELLIE WAY OF STA
N17630		TALLAHASSEE, FL
(Document Num	iber of Corporation (if know	n)
Pursuant to the provisions of section 617,1006, Florida Statumendment(s) to its Articles of Incorporation:	ates, this <i>Florida Not For Pl</i>	rofit Corporation adopts the following
A. If amending name, enter the new name of the corpora NA	ation:	(0)
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name	ration" or "incorporated" o	The new r the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	NA	
(Principal office address <u>MUST BE A STREET ADDRES.</u>	<u>\$</u> )	
		<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Villas of Crooked Lake	
· · · · · · · · · · · · · · · · · · ·	3434 Pinedale	<del>-</del> " - <del></del>
	Lakeland, FL 33811	
D. If amending the registered agent and/or registered of	Gaandd-see in Florida an	tou the name of the
new registered agent and/or the new registered office		ter the name of the
Name of New Registered Agent		
New Registered Office Address:	(Florida	a street address)
New Registered Office Address.		
	/C'	, Florida (Zip Code)
	(City)	17.1p (. 0de)
New Registered Agent's Signature, if changing Registere thereby accept the appointment as registered agent. I am f		obligations of the position.
· <u>-</u>	Signature of New Registerer	l Agent it 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: XChange X Remove X Add	PT         John I           V         Mike .           SY         Sally 5	<u>lones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) × Change Add	<u>S</u>	Frederick Baker	
Remove			
2) <u>× Change</u> Add	D	Bart Ross	1469 Longoak Dr S Lakeland, FL 33811
Remove 3 ) × Change Add Remove	<u>T</u>	Michelle Durkee	945 66 Terrace South Greenacres, FL 33413
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional shed		ticles, enter change(s) here: (Be specific)	
	<u> </u>		

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The date of each amendment	(s) adoption:			, if other than the
date this document was signed				
Effective data if applicables	8/21/22			
Effective date <u>if applicable</u> :	(no more than 90	days after amendmen	t file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the ap-	plicable statutory filin		ite will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	)		
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members a proval.	and the number of vot	es east for the amendm	sent(s)

.

	8/21/22
Dated	
Signat	(By the charman 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)
	other court appointed fiduciary by that fiduciary)