

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (950) 617-6380

From:

Account Name : TRIAD PROFESSIONAL SERVICES
Account Number : 120160000008
Phone : (850) 777-2091
Fax Number : (770) 220-1943

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

18 AUG 30 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FL

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
ELM RIDGE AT OAK CREEK NEIGHBORHOOD
ASSOCIATION, INC**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$43.75

SECRETARY OF STATE
TALLAHASSEE, FL

2018 AUG 30 AM 10:33

FILED

C. GOLDEN

AUG 31 2018

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COVER LETTERTO: Amendment Section
Division of CorporationsNAME OF CORPORATION: ELM RIDGE AT OAK CREEK NEIGHBORHOOD ASSOCIATION, INC.DOCUMENT NUMBER: N18000000144The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JENNIFER BADEN

(Name of Contact Person)

TRIAD PROFESSIONAL SERVICES

(Firm/ Company)

1720 WINDWARD CONCOURSE, SUITE 390

(Address)

ALPHARETTA, GA 30005

(City/ State and Zip Code)

JBADEN@TRIADPROS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENNIFER BADEN

(Name of Contact Person)

770

(Area Code)

777-2091

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(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

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FILED2018 AUG 30 AM 10:33
(((H18000254449 3)))SECRETARY OF STATE
TALLAHASSEE, FLArticles of Amendment
to
Articles of Incorporation
of

ELM RIDGE AT OAK CREEK NEIGHBORHOOD ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N1800000144

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:A. If amending name, enter the new name of the corporation:The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.B. Enter new principal office address, if applicable:(Principal office address **MUST BE A STREET ADDRESS**)C. Enter new mailing address, if applicable:(Mailing address **MAY BE A POST OFFICE BOX**)D. If amending the registered agent and/or registered office address in Florida, 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:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position

Signature of New Registered Agent, if changing

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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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	D/P	BURDETT, ANTHONY J	551 N. CATTLEMEN ROAD
<input type="checkbox"/> Add			SUITE 200
<input checked="" type="checkbox"/> Remove			SARASOTA, FL 34232
2) <input checked="" type="checkbox"/> Change	D/P	DE LA OSSA, CARLOS	3922 COCONUT PALM DRIVE
<input type="checkbox"/> Add			SUITE 108
<input type="checkbox"/> Remove			TAMPA, FL 33619
3) <input type="checkbox"/> Change	V/T/D	BACHMAN, MIKE	3922 COCONUT PALM DRIVE
<input checked="" type="checkbox"/> Add			SUITE 108
<input type="checkbox"/> Remove			TAMPA, FL 33619
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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The date of each amendment(s) adoption: JUNE 22, 2018, if other than the date this document was signed.

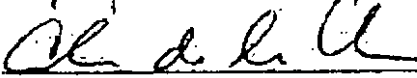
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: 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 8/8/18

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)

Carlos de la Ossa
(Typed or printed name of person signing)

President
(Title of person signing)

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