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SECRETARY PET TO

## COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION Dunct: on Atwost Hill Owner's Assaidia
DOCUMENT NUMBER: N/80000 9847
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dr. Jessich A Griffen (Name of Contact Person)
(Firm/ Company)
242 N De Villiers St, (Address)
Parsa of City/ State and Zip Code)
Jessica ethe ud Corg E-mail address: (to be used for future annual eport notification)
For further information concerning this matter, please call:
Jessica A Griffen at (850) 898-662 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing Address Street Address

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

Junet of At West Hill Owners Assiciation	
(Document Number of Corporation (if known)	
rsuant to the provisions of section 617.1006. Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following iendment(s) to its Articles of Incorporation:	
If amending name, enter the new name of the corporation:	
me must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "incorporated" or the abbreviation "Corp." or "may not be used in the name.	(1)
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	× 70
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:  Or De Sick A Griffe O Griff O Griffe O G Griffe O G Griffe O G Griffe	
New Registered Office Address:  Pensacola : Florida 3250 (City) (Zip Code)	
ew Registered Agent's Signature, if changing Registered Agent: 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	

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 hold. 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 Do V Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	Title Mercy's	Name	Address
1) Change Add	ASS HOW	-Mary Baisda	Pansa-ola, FL 32 52 L
Remove  2) Change Add	Association Amonger	Cheryl Kelky	908 Gardengete Circle
Add Remove Change Add	Pra dord	Korin Etheridge	908 Gurden Gerta Circle Pensacola FL 32504
Add Remove  4) Change			
Add Remove	<del>-12 - 2</del>		
5) Change Add			
Remove 6) Change			
Add Remove	<del>*************************************</del>		
E. If amending or a (attach additional	idding additional Ar sheets, if necessary).	ticles, enter change(s) here: (Be specific)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Signature  (By the charman or vice chairman of the board, president or other officer-if directors have notibeen selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Or. Dessie A Criffon (Typed or printed name of person signing)
President (Title of person signing)

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	SC artificial theory of the
The date of each amendment(s) adoption:date this document was signed.	
Effective date <u>if applicable</u> :	more than 90 days after amendment file date)
(no	more than 90 days after amenament file date)
Note: If the date inserted in this block does not document's effective date on the Department of	of State's records.
Adoption of Amendment(s) (C	HECK ONE)
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes east for the amendment(s)