N18000012713

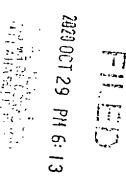
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ER COVE HOMEOWNER	RS ASSOCIAT	ION, INC.
N18000012713 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee a	re submitted for filing.		
Please return all correspondence concerning thi	s matter to the following:		
Denise Abercrombie			
	(Name of Contact P	'erson)	
Highland Community Management, LLC			
	(Firm/ Compan	y)	
3020 S. Florida Ave., Suite 305			
	(Address)		
Lakeland, FL 33803			
	(City/ State and Zip	Code)	
info@hemanagement.org			
E-mail address: (to b	be used for future annual re	port notificatio	n)
For further information concerning this matter,	please call:		
Denise Abercrombie	а	863	940-2863
(Name of Contact)			(Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Florida	Department of	State:
\$35 Filing Fee	-	Certif is Certif (Addi	0 Filing Fee ficate of Status fied Copy Itional Copy is osed)
Mailing Address Amendment Section		treet Address mendment Sect	ion
Amendment Section		mendment Sect	

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

BREAKWATER COVE HOMEOWNERS ASSOCIATION, INC.

Name of Corporation as currently filed with the Flo	orida Dept. of State)
N18000012713	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:
	The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	<u>:</u>
Principal office address <u>MUST BE A STREET ADD</u>	
	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	<u>X</u>)
D. If amending the registered agent and/or register	ed office address in Florida, enter the name of the
new registered agent and/or the new registered of	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 Regi	istered Agent:
Terr tree section of the section of	I am familiar with and accept the obligations of the position.
	2
	Signature of New Registered Agent, if changing
	် တ

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: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) xxx Change Add	<u>P</u>	William Hudgins	3020 S. Florida Ave., Suite305 Lakeland, FL 33803
Remove			
2) xxx Change Add	VP	Fitzroy mcKenlev	3020 S. Florida Ave., Suite 305 Lakeland, FL 33803
Remove Change Add Remove	D	Cory Dunn	3020 S. Florida Ave., Suite 305 Lakeland, FL 33803
4) Change Add	<u>VP</u>	Fitzroy McKenley	3020 S. Florida Ave., Suite 305 Lakeland, FL 33803
Remove			
5) xxx Change Add	<u>S</u>	Christi Tollerton	3020 S. Florida Ave., Suite 305 Lakeland, FL 33803
Remove			
6) xxx Change Add	<u>T</u>	Denisse Rodriguez	3020 S. Florida Ave., Suite 305 Lakeland, FL 33803
Remov e			
		icles, enter change(s) here: (Be specific)	
		•	
			
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	<u> </u>
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
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 document's effective date on the Department of State's records.	e listed as the
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.

Dated	10-08-20
Dated	
Signatur	
	(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)
	William, Hudgins
	William, Hudgins (Typed or printed name of person signing)