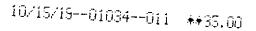
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	PROMENADE EST	ATES COMMUNI	TY ASSOCIA	TION INC
	000001443			
DOCUMENT NUMBER:	<u>.</u>			
The enclosed Articles of Amend	iment and fee are subm	nitted for filing.		
Please return all correspondence	concerning this matte	r to the following:		
RYAN ZOOK				
		(Name of Contact Pe	erson)	
DR HORTON				
		(Firm/ Company	y)	***************************************
12602 TELECOM DRIVE				
		(Address)		
TAMPA, FL 33637				
		(City/ State and Zip	Code)	
dwalter@accessdifference.co	om			
E-ma	il address: (to be used	for future annual rep	ort notificatio	n)
For further information concerns	ing this matter, please	cail:		
Dave Walter		at	813	607-2220
(Na	me of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the follo	wing amount made pa	yable to the Florida l	Department of	State:
■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certi is Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Add			reet Address	*:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

N/A (Name of Corporation as currently filed with the Florida Dept. of State) (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: 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) 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

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	<u>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	DP	FRANK COVELLI	3330 CUMBERLAND BLVD. SU
Add X Remove			ATLANTA, GA 30339
2) Change	DP	MARY E. MOULTON	12620 TELECOM DRIVE
X Add			TAMPA, FL 33637
Remove 3) Change	DV	NICHOLAS APARICIO	12620 TELECOM DRIVE
Add X Remove			TAMPA, FL 33637
4) X Change	DV	RYAN A. ZOOK	12620 TELECOM DRIVE
Add			TAMPA, FL 33637
Remove			19 00
5) Change	DST	JULIE ARAGONA	12620 TELECOM DRIVE
X Add			TAMPA, FL 33637
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (attach additional sheets, if necessary).	(Parmanifa)			
(Milach additional sheets, if necessary).	(Be specific)			
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Page 3 of 4

The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective data if applicables		
(r	no more than 90 days after umendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not of State's records.	ot be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes east for the amendment(s)	
There are no members or members entire adopted by the board of directors.	tled to vote on the amendment(s). The amendment(s) was/were	
Dated 10/13/	19	
•	vice/chairman of the board, president or other officer-if directors	-
have not been select	ed, by an incorporator – if in the hands of a receiver, trustee, or additionally that fiduciary)	
MARY E. MOU	LTON	
	(Typed or printed name of person signing)	
DIRECTOR, PF	RESIDENT	
	(Title of person signing)	<u>ار</u> کے ا
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