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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	MEADOW WALK	AT FOUR CORNERS	HOMEOW	NERS ASSOCIATION, INC.
DOCUMENT NUMBER:	N20000001813			
The enclosed Articles of An	nendment and fee are sub	mitted for tiling.		
Please return all correspond	ence concerning this matt	er to the following:		
Kriston Nottingham				
		(Name of Contact Pers	son)	
Access Management				
		(Firm/ Company)		
P.O. Box 6327				
		(Address)		
Celebration, FL 34747				
		(City/ State and Zip Co	ode)	,
meadowwalk@accessdiffer	ence.com			
- In	-mail address: (to be used	I for future annual repo	rt notificatio	n)
For further information conc	erning this matter, please	eall:		
Kriston Nottingham		4 at	07	480-4200 ext 1007
	(Name of Contact Person) (,	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pa	ayable to the Florida De	partment of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certit Certit	0 Filing Fee Teate of Status Ted Copy Itional Copy is Osed)
Division o P.O. Box (nt Section of Corporations	Street Address 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



MEADOW WALK AT FOUR CORNERS HOMEOWNERS ASSOCIATION, INC.

(Name of Corporation as currently filed with the Flori	da Dept. of State)
N20000001813	
(Document No	umber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	
name must be distinguishable and contain the word "corp "Company" or "Co," may not be used in the name.	The new poration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	Access Management
(Principal office address MUST BE A STREET ADDRE	215 Celebration Place Suite 115
	Celebration, FL 34747
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Access Management
	215 Celebration Place Suite 115
	Celebration, FL 34747
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
Name of New Registered Agent: Acces	ss Management
	Celebration Place Suite 115
New Registered Office Address:	(Florida strect address)
Tallal	hassee, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I do	

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>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	nes	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change Add		-		
Remove			-	
2) Change Add		_		
Remove		_		
4) Change Add		_		
Remove				
51 Change Add		_	- 	
Remove				
6) Change Add		_		
Remove				
E. If amending or addin (attach additional shee Please add EIN #85-1441	ts, if nece		cles, enter change(s) here: (Be specific)	

The date of each amendment(s) adoption: 12/15/2020	the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
<u>Note:</u> 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 east for the amendment(s) was/were sufficient for approval.	

	There are no membadopted by the box	pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.		
	Dated	12/15/2020		
	Signature	Medato		
(By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)				
		Melissa Dotson		
		(Typed or printed name of person signing)		
		Board President .		
		(Title of person signing)		