## N20927

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

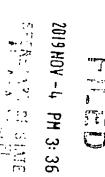
Office Use Only



700336031617

11/04/19--01062--016 \*\*35.00

S TALLENT DEC 0 of 2019



mid

## **COVER LETTER**

TO: Amendment Section Division of Corporations	· ·
NAME OF CORPORATION:	htree Community Association, Inc.
DOCUMENT NUMBER: N21	0927
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this matter	ter to the following:
Janna GRO	Ober
	(Name of Contact Person)
Community Mana	penent and Construction, Inc.
(/	(Firm/ Company)
22151 Shorewin	nd Brive
· · ·	(Address)
Boca Raton F	-6 33428
	(City/ State and Zip Code)
CME/GNNG G GMC E-mail address (to be use	ail. com
For further information concerning this matter, please	e call:
Janna GROBER	at 561-451-3899
(Name of Contact Person	
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)  Cartified Copy (Additional copy is Enclosed)  Cartified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## **Articles of Amendment**

Articles of Incorporation

Northfree Commun	of میکنیرم	D	CEOCA	ation	7	Tno	
(Name of Corporation as curre	/_					<u></u>	
N209.					- <u>-</u> -		
(Document Num	<del> </del>	rporatio	n (if know	n)			
Pursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	ites, this <b>F</b>	lorida l	Not For Pr	ofit Corpore	ation ado	pts the fol	lowing
If amending name, enter the new name of the corpora	ation:						
						T/	he new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or	"incorp	orated" o	r the abbrev	riation "C	orp." or '	"Inc."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES</u> :	<u></u>						
						# (*)	)N 6 10.
Cutan way mailing adduses if applicables			_				7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)							<del></del>
						, 📆	至
							— <del>မှ</del> ေ ယ
					<u>-</u>	1 711	<u> </u>
<ol> <li>If amending the registered agent and/or registered of new registered agent and/or the new registered office</li> </ol>			lorida, ent	er the name	<u>of the</u>		
Name of New Registered Agent:							
			(Florida	street address	5)		
New Registered Office Address:							
				,	Florida _		
	(City)	)			(Zip Co	<i>1e)</i>	
Sew Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am j		ith and	accept the	obligations	of the pos	sition.	
	Signature	of New	Registered	d Agent, if c	hanging		

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>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	$\mathcal{T}$	Brain Haines	7050 Peninsula G. Lake Worth, FL 33467
Add			Lake Worth, FL 33467
Remove			
2) Change		<del></del>	
Add			<del></del>
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

If amending or ad attach additional si	heets, if necessary)	. (Be specific	;)				
				<u>_</u>			
		<del>-</del> '				•	
					<del></del>	· •	
·							
							-
				•			
				· -			
	· ·						
				•			
					. <u> </u>	-	
							_
					-		
			<del>-</del>				

The date of each amendment(s) ad late this document was signed.	option:	, if other than the
ate this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block locument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will noartment of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes east for the amendment(s) l.	
There are no members or membadopted by the board of directo	ters entitled to vote on the amendment(s). The amendment(s) was/were rs.	
Dated	/30/19	
Signature	man or vice chairman of the board, president or other officer-if directors	
have not bee	en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	Paul Smith	
	(Typed or printed name of person signing)	
<del></del>	Board President (Title of person signing)	
	(Title of person signing)	