N 20954

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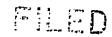
TO: Amendment Section Division of Corporations

PROPERTY OWNERS NAME OF CORPORATION:	SASSOCIATION (OF UNIVERSI	TTY WOODS, INC.
N20954 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submit	ted for filing.		
Please return all correspondence concerning this matter to	o the following:		
Eddie R Perez			
4)	lame of Contact Pe	rson)	
Berkshire Place HOA			
	(Firm/ Company)	
PO Box 678390			
	(Address)		
Orlando, FL 32867			
(0	ity/ State and Zip (Code)	
berkshirehoatrs@gmail.com			
E-mail address: (to be used for	or future annual rep	ort notification)
For further information concerning this matter, please ca	11:		
Eddie R Perez	at.	407	673-3383
(Name of Contact Person)	at _		(Daytime Telephone Number)
Enclosed is a check for the following amount made paya	ble to the Florida I	Department of S	State:
4 1 20 20 2	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	cate of Status ed Copy ional Copy is
Mailing Address Amendment Section Division of Corporations	Am	eet Address endment Secti- ision of Corpo	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



PROPERTY OWNERS ASSOCIATION OF UNIVERSITY WOODS, INC.

(Name of Company tion on assessmently filed with the		ent of State)	2021 AUG 18 PH 12: 44		
(Name of Corporation as currently filed with the Florida Dept. of State)					
N20954	SEORE WAY OF STATE TABLAHASSEE, FL				
(Docur	nem Nambe	r of Corporation (if known)	William Subtribute		
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes	s, this <i>Florida Not For Profit C</i>	orporation adopts the following		
A. If amending name, enter the new name of th	e corporati	on:			
N/A			The new		
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ion" or "incorporated" or the a			
B. Enter new principal office address, if applica	able:	N/A			
(Principal office address MUST BE A STREET					
					
	-				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	N/A			
	-				
		-			
D. If amending the registered agent and/or regi			name of the		
new registered agent and/or the new register					
Name of New Registered Agent:	ARNOLD	JONES			
	3254 PAIS	LEY CIRCLE			
	(Florida street address)				
New Registered Office Address	:				
	ORLAND	0	, Florida		
		(City)	(Zip Code)		
New Registered Agent's Signature, if changing	Registered A	Agent:			
I hereby accept the appointment as registered ager			tions of the position.		
	(1				
-	Sig	mature of New Registered Agen	t, 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 <math>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>Mike</u>	Doe e Jones v Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	PD	Potaczala, Michael D	3357 Paisley Circle Orlando, FL 32817
x Remove			
2) <u>x</u> Change Add	<u>PD</u>	Jones, Arnold	3254 Paisley Circle Orlando, FL 32817
Remove 3) × Change Add Remove	VD	Juarbe, Kaysa	3362 Paisley Circle Orlando, FL 32817
4) × Change Add	SD	Forconi, Arlene	10532 Stradford Row Orlando, FL 32817
Remove 5) × Change Add	<u>TD</u>	Perez, Edwin R	10641 Stradford Row Orlando, FL 32817
6) Change Add			
Remove			· · · · · · · · · · · · · · · · · · ·
(attach additional shee	g additional A ts, if necessary	Articles, enter change(s) here: (Be specific)	
N/A	· · - · - · · · · · · · · · · · · · · ·		
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		_	٠,			
The date of each amendment date this document was signed	(s) adoption: N/A	·				_, if other than the
Effective date if applicable:	N/A					
and a appreciate.	(no ma	ore than 90 days	after amendmer	nt file date)		
Note: If the date inserted in the document's effective date on t	nis block does not r he Department of S	meet the applicat State's records.	ole statutory filia	ng requirements,	this date will not	be listed as the
Adoption of Amendment(s)	(<u>CHE</u>	ECK ONE)				
☐ The amendment(s) was/w was/were sufficient for ap	vere adopted by the oproval.	members and th	ne number of vo	tes cast for the an	nendment(s)	

Dated Signature	(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) ARNOLD JONES
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.