Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1831

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

martha.schiffer@meritagehomes.com Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN HIGHLAND RIDGE COMMUNITY HOMEOWNER'S ASSOCIATION,

INC.

Certificate of Status	0
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A. BUTLER
APR 0 8 2022

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Articles of Amendment to Articles of Incorporation



A	rticles of Incorporation of	2022 APR -7 AM 6:31
HIGHLAND RIDGE COMMUNITY HOMEOWNERS	S' ASSOCIATION, INC.	SECRETARY OF CTATE
(Name of Corporation as currently filed with the Flor N21086009633	rida Dept. of State)	SECRETARY OF STATE TALLAHASSEE, FL
(Document)	Number of Corporation (if k	cnown)
Pursuant to the provisions of section 617,1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not F	or Profit Corporation adopts the followin
A. If amending name, enter the new name of the cor	poration;	
		The new
name must be distinguishable and contain the word "con "Company" or "Co," may not be used in the name.	poration" or "incorporate	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDR	YESS)	
	 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(mauing agaress MAT BE A FUST UFFICE BUX		
		
		·····
D. If amending the registered agent and/or registered	d office address in Florida	enter the name of the
new registered agent and/or the new registered of	lice address:	
Name of New Registered Agent:		
		2-11
New Registered Office Address:	(F	iorida street address)
·	_	. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I de-		t the obligations of the position.
	Signature of New Regis	tered Agent, if changing

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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 Y Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
I) Change Add	TSD	Brad Hinkle	5337 Millenia Lakes Blvd. Suite 235, Orlando, FL 32839
 X Remove 2) Change X Add 	TSD	Alexandra Greiner	5337 Millenia Lakes Blvd. Suite 235, Orlando, FL 32839
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
(attach additional she		icles, enter change(s) here: (Be specific)	
N/A			
	_		

eslie Perryman	Fax: 14078411200	To:	Fax: (B50) 617-6380	Page: 4 of 5	04/07/2022 12:09 P
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The date of each	h amendment(s) ad ent was signed.	option:			, if other than
Effective date !	[applicable:		ays aster amendment file dat		
		(no more than 90 de	ays after amendment file dat	e)	

(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.

(((H220001269263)))

Adoption of Amendment(s)

From: Leslie Perryman

Fax: 14078411200

To:

Fax: (850) 617-6380

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There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated	04-04-22
aiçu	Martha Schiffer
gnature	(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)
	Martha Schiffer
	(Typed or printed name of person signing)
	Director
	(Title of person signing)