N21000011627

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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS APR 1 6 2022

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	OVE HOMEOWNERS A	ASSOCIATI	ON, INC.
DOCUMENT NUMBER: N21000011627			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	ter to the following:		
AMANDA SCHILLINGER			
	(Name of Contact Pers	on)	
GARDEN STREET COMMUNITIES SOUTHEAS	Г. LLC		
	(Firm/ Company)		
3000 GULF BREEZE PARKWAY			
	(Address)		
GULF BREEZE, FLORIDA 32563			
	(City/ State and Zip Co	ide)	
ASCHILLINGER@GARDENSTREETCOMMUNT	TIES.COM		
E-mail address: (to be use	d for future annual repor	t notification	1)
For further information concerning this matter, please	e call:		
AMANDA SCHILLINGER	8 at	350	934-0470
(Name of Contact Persor		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida De	partment of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amer Divis	et Address ndment Sect sion of Corpo Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

FILED

Articles of Amendment

Articles of Incorporation 2022 MAR 31 AM 7: 28

SECRETARY OF STATE
TALLAHASSEE, FL WATERCRESS COVE HOMEOWNERS ASSOCIATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N21000011627 (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: N/A 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: N/A (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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Add	SECRETARY	ROBERT GILLIAND	425 COMMERCIAL CT., STE. G VENICE, FLORIDA 34292
Remove 2) × Change Add	TREASURER	ANDREA CUSICK	425 COMMERCIAL CT., STE. G VENICE, FLORIDA 34292
Remove			
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add			
		rticles, enter change(s) here: . (Be specific)	
	<u></u>		

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	N/A	
The date of each amendment(s) adoption	N/A	_, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	10 more than 90 days after amendment 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 lit of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

Signatu	
	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	RYAN WADE
	(Typed or printed name of person signing)

(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.