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COVER LETTER

TO: Amendment Section Division of Corporations

WEST WIND OAKS PHASE 2 HOMEOWNERS ASSOCIATION, INC. NAME OF CORPORATION:
N21000013081 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MICHAEL J COOPER
(Name of Contact Person)
(Firm/ Company)
1900 N ATLANTIC AVE #1203
(Address)
DAYTONA BEACH, FL. 32118
(City/ State and Zip Code)
MCOOPER@MICHAELJCOOPER.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MICHAEL J. COOPER 352-843-0901
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status (Additional Copy is Enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

WEST WIND OAKS PHASE 2 HOMEOWNERS ASSOCIATION, INC.

(Name of Corporation as currently filed with the Flor	ida Dept. of State)	
N21000013081		
(Document N	umber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
name must be distinguishable and contain the word "cort" "Company" or "Co." may not be used in the name.	poration" or "incorporated	The new d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRI	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2024 AL
		FILE D
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	office address in Florida,	enter the name of the
Name of New Registered Agent:	act address.	
New Registered Office Address:	(F)	orida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	e <mark>red Agent:</mark> n familiar with and accept	the obligations of the position.
	Signature of New Regist.	ared decent 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add	D	GREG LUNDAY	3501 NE 10TH ST OCALA, FL, 34470
Remove			
2) Change Add	-		
Remove 3) Remove Add Remove			
4) Change Add		-	
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional sheet	g additio	nal Articles, enter change(s) here: ssary). (Be specific)	

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<u> </u>		
		
		
The date of each amendment(s) adop	ption:	, if other than the
date this document was signed.		
Effective date if applicable:		
Martine date it applicable.	(no more than 90 days after amendment file date)	_
	(no mine man 20 days after amenament file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not briment of State's records.	e listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)	

	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 8 4 2024					
	Signature (Bothe 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) ANDREW S. MAZZURCO					
	(Typed or printed name of person signing)					
	DIRECTOR					
	(Title of person signing)					