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| PICK-UP                 | ☐ WAIT            | MAIL.       |
| (Bu                     | siness Entity Nar | me)         |
| •                       | •                 | •           |
|                         |                   |             |
| (DC                     | ocument Number)   |             |
| Certified Copies        | _ Certificate:    | s of Status |
| Special Instructions to | Filing Officer:   | ,           |
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SECRETARY OF STATE
ALLAMASSEE STORE

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AUG 0 3 2016 D CUSHING

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

| NAME OF CORPORATION           | River Reach Single Fa                       | amily Association                  |   |             |
|-------------------------------|---|------------------------------------|---|-------------|
|                               | N21024                                      |                                    |   |             |
| The enclosed Articles of Am   | endment and fee are subm                    | itted for filing.                  |   |             |
| Please return all corresponde | ence concerning this matter                 | to the following:                  |   |             |
| Jill Delie                    |   |                                    |   |             |
|                               | (   | Name of Contact Person)            |   |             |
| River Reach Single Family     | Association                                 |                                    |   |             |
|                               |   | (Firm/ Company)                    | <del></del>   |             |
| Po Box 10481                  |   |                                    |   |             |
|                               | . <del></del>                               | (Address)                          |   |             |
| Naples Fl 34104               |   |                                    |   |             |
|                               | (   | City/ State and Zip Code)          |   |             |
| Board@RRSFA.com               |   |                                    |   |             |
| E                             | -mail address: (to be used                  | for future annual report notifi    | cation)   |             |
| For further information cond  | erning this matter, please o                | eall:                              |   | 16<br>17/1  |
| Jill Delie                    |   | 239-248<br>at                      |   | 語声丁         |
|                               | (Name of Contact Person)                    | (Area C                            | ode) (Daytime Telep   | hone Number |
| Enclosed is a check for the f | following amount made pay                   | able to the Florida Departme       | nt of State:  | P T         |
| ■ \$35 Filing Fee             | □\$43.75 Filing Fee & Certificate of Status | Certified Copy (Additional copy is | \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) | PH 3: 07    |
| Mailing A                     | Address                                     | Street Add                         | ress  |             |

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

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| - Kinex                | Weary Din   | do  | <u>Hime +</u>               | 4380007                               | 10N TUC                               |
|------------------------|---|---|-----------------------------|---------------------------------------|---------------------------------------|
|                        | (Name of Corporation a  | <u>is current</u>                             | ly filed with the F         | lorida Dept. of State)                |                                       |
| N21024                 |   |   |                             |                                       |                                       |
|                        | (Docume   | ent Numbe                                     | r of Corporation (i         | f known)                              |                                       |
|                        | ions of section 617.1006, Florioriticles of Incorporation:        | da Statutes                                   | , this <i>Florida Not</i>   | For Profit Corporation a              | adopts the following                  |
| A. If amending name    | e, enter the new name of the                                      | corporatio                                    | n:                          |                                       | · #sg 6                               |
| N/A                    |   |   |                             |                                       | Fig. 6                                |
|                        |   |   |                             |                                       | The new                               |
|                        | ishable and contain the word                                      |   | on" or "incorpore           | ated" or the abbreviation             | "Corp," or "fre."                     |
| "Company" or "Co."     | may not be used in the name.                                      | •   |                             |                                       | A. 2                                  |
| D. Enter new princip   | nol office address if applies                                     | la.   | N/A                         |                                       |                                       |
|                        | pal office address, if applicab<br>ess <u>MUST BE A STREET AD</u> |   |                             | · · · · · · · · · · · · · · · · · · · |                                       |
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|                        |   |   | <del></del>                 |                                       |                                       |
|                        | ng address, if applicable:<br>MAY BE A POST OFFICE B              | ( <b>OX</b> )                                 | N/A                         |                                       |                                       |
|                        |   |   |                             |                                       |                                       |
|                        |   |   |                             |                                       |                                       |
|                        |   |   |                             |                                       |                                       |
| D. If amending the r   | egistered agent and/or regist                                     | ered offic                                    | e address in Flori          | da, enter the name of th              | <u>e</u>                              |
| new registered as      | ent and/or the new registere                                      | d office a                                    | ldress:                     | <del>-</del>                          |                                       |
| Nan                    | ne of New Registered Agent:                                       | Jill Delie                                    |                             |                                       |                                       |
|                        |   | 2667 Rive                                     | r Reach Dr                  |                                       |                                       |
|                        | -   |   |                             | (Florida street address)              | <u></u>                               |
| <u>Ne</u>              | w Registered Office Address:                                      |   |                             | (,                                    |                                       |
| _                      |   | Naples  |                             |                                       | 34104                                 |
|                        | -   |   |                             | , Florid                              |                                       |
|                        |   |   | (City)                      | (Zip                                  | Code)                                 |
|                        | nt's Signature, if changing R                                     |   |                             | ont the obligations of the            | nacition                              |
| 1 петеоу ассері іпе ар | ppointment as registered agent                                    | · I am jan                                    | <del>mmar wun</del> ana acc | ері іне обиданонз ој іне.<br>*        | position.                             |
|                        |   | ·   | $h_{-}$                     | Q , O                                 |                                       |
|                        |   | Si  | anathr of New Re            | poistered Agent, if changing          | no                                    |

## 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<br>Smith   |                     |   |
|-----------------------------------|--------------|----------------|---------------------|---|
| Type of Action<br>(Check One)     | <u>Title</u> | <u>Name</u>    | <u>Addres</u> s     |   |
| 1) Change                         | P            | Diana Vittorio | 2476 River Reach Dr |   |
| Add                               |              |                | Naples Fl           |   |
| x Remove                          |              |                | 34104               |   |
| 2) Change                         | P            | Jill Delie     | 2667 River Reach Dr |   |
| x Add                             | ***          |                | Naples Fl           |   |
| Remove                            |              |                | 34104               |   |
| 3) Change                         | D            | Sergio Zuluaga | 2619 River Reach Dr |   |
| x Add                             |              |                | Naples Fl           |   |
| Remove                            |              |                | 34104               |   |
| 4) Change                         |              |                |                     |   |
| Add                               |              |                |                     |   |
| Remove                            |              |                |                     | - |
| 5) Change                         |              |                |                     |   |
| Add                               |              |                |                     | - |
| Remove                            |              |                |                     | - |
| 6) Change                         |              |                |                     | • |
| Add                               |              |                |                     | - |
| Remove                            |              | Dog 2 of 4     |                     | - |

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| The date of each amendment(s) adoption:  | , if other than the               |
|--|-----------------------------------|
| date 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 does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.  | is date will not be listed as the |
| Adoption of Amendment(s) ( <u>CHECK ONE</u> )  |                                   |
| The amendment(s) was/were adopted by the members and the number of votes cast for the amenwas/were sufficient for approval.  | ndment(s)                         |
| There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the board of directors.  | as/were                           |
| Dated 7 20 2016  |                                   |
| Signature  |                                   |
| (By the chairman or vice chairman of the board, president or other officer-if of have not been selected, by an incorporator – if in the hands of a receiver, true other court appointed fiduciary by that fiduciary) |                                   |
| Jill Delie   |                                   |
| (Typed or printed name of person signing)  | <del></del>                       |
| P  |                                   |
| (Title of person signing)  |                                   |

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SECRETARY DE STATE