Elorida Department of State

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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.

Email Address: Curtis.Keller@meritagehomes.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN LEGACY UNION HOMEOWNERS ASSOCIATION, INC.

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Articles of Amendment Articles of Incorporation of

LEGACY UNION HOMEOWNERS ASSOCIATION, IN	C.		
Name of Corporation as currently filed with the Florid	a Dept. of State)	-	
N22000000614			
(Document Nu	mber of Corporation (if	(known)	
Pursuant to the provisions of section 617.1006, Florida Statementment(s) to its Articles of Incorporation:	utes, this <i>Florida Not</i>	For Profit Corporation adopts the	following
A. If amending name, enter the new name of the corpor	ration:		
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorpora	ted" or the abbreviation "Corp."	_The new or "Inc."
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>v</u>)	·	, ~
			<u> </u>
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C. Enter new mailing address, if applicable:			(C)
(Mailing address MAY BE A POST OFFICE BOX)		<u>:</u>	0

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			_
D. If amending the registered agent and/or registered of	ffice address in Flori	is enter the name of the	ယ
new registered agent and/or the new registered offic	e address:	da, tinter the name of the	
Name of New Registered Agent:			
Mume of them respicted agent.			
		(Florida street address)	
New Registered Office Address:		(
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		ept the obligations of the position.	
	Signature of New Reg	ristered 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:

To:

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 John Doc X Remove Mike Jones MbA X SV Sally Smith Type of Action Title Address Name (Check Onc) 5337 Millenia Lakes Blvd. TSD Brad Hinkle Change Suite 235, Orlando, FL 32839 ___ Add X Remove TSD Alexandra Greiner 5337 Millenia Lakes Blvd. _ Change Suite 235, Orlando, FL 32839 __ Add Remove _ Change Add Remove 4) ____ Change Add ___ Remove 5) ____ Change ___ Add __ Remove 6) ____ Change __ Add Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) The first sentence of Article 2.1 of the Articles of Incorporation is hereby deleted and replaced with the following: "The purpose of the Association shall be to serve as a homeowners' association under Section 720.301, et seq., Florida Statutes, and more particularly authorized by the Declaration of Covenants, Conditions and Restrictions for Legacy Union Townhomes, recorded (or to be recorded) in the Public Records of the County in which the Property is located, as

hereafter amended and/or supplemented from time to time (the "Declaration")."

slie Perryman	Fax: 14078411200	To:	Fax: (850) 617-6380	Page: 4 of 5	02/10/2022 1	2:50 PM
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The date of e	each amendment(s) as uncut was signed.	doption:			, if other	than t
Effective dat	e <u>if applicable</u> :					
		(no more than 90 d	ays after amendment file da	le)		

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s)

Adoption of Amendment(s)

was/were sufficient for approval.

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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.

ated	02/09/2022				
ignature	Martha Schiffer 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)				
	President				
	(Title of person signing)				