Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

**Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Phone Fax Number : (614)573-3996

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

Email Address:\_

## COR AMND/RESTATE/CORRECT OR O/D RESIGN ROPER TRAILS HOMEOWNERS ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$43.75

Electronic Filing Menu Corporate Filing Menu

Help

From: David Thomas

QocuSign Envelope ID: D383B164-8114-4197-B3B3-42DF5C5D90A8

Articles of Amendment to Articles of Incorporation of

Roper Trails Homeowners Association, Inc.		
Name of Corporation as currently filed with the Florida	Dept. of State)	
N22000003341		
(Document Num	ber of Corporation (it	î known)
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ition:	
		The new
name must be distinguishable and contain the word "corpord "Company" or "Co." may not be used in the name.	ation" or "incorpora	ted" or the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>(</u> )	
		20
		2023 OCT 2
. Enter new mailing address, if applicable:		001
(Mailing address MAY BE A POST OFFICE BOX)		
		5.
		<del></del>
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		la, enter the name of the
Name of New Registered Agent:		
		(Floridu strevt address)
New Registered Office Address:		
		, Florida
	(City)	, Florida (Zip Code)
ew Registered Agent's Signature, if changing Registered	ł Agent:	
hereby accept the appointment as registered agent. I am fo		pt the obligations of the position.
.S	lignature of New Reg.	istered Agent, if changing

To:

12122023573

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>m</u> <u>v</u> <u>sv</u>	John Doc Mike Jones Sally Smith	20
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address : 23 CCT
1)Change Add	D	Todd Junes	Address 280 E. Pilot Road, Suite 200 Las Vegas, NV 89119 P  280 E. Pilot Road, Suite 200
X Remove  2) Change Add	D	Geoffrey Reid	280 E. Pilot Road, Suite 200 Las Vegas, NV 89119
X Remove 3) Change Add X Remove	D	Jordan Kushner	280 E. Pilot Road, Suite 200 Las Vegas, NV 89119
4) Change X Add	DP	Matthew Halliday	280 E. Pilot Road, Suite 200 Las Vegas, NV 89119
Remove  5) Change	DVT	Lincoln Palmer	280 E. Pilot Road, Suite 200 Lus Vegas, NV 89119
Remove  6) Change Add	<u>DS</u>	Joshua Reiter	280 E. Pilot Road, Suite 200 Las Vegas, NV 89119
		nal Articles, enter change(s) here: ssary). (Be specific)	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>

(CHECK ONE)

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

Adoption of Amendment(s)

was/were sufficient for approval.

o:

QocuSign Envelope ID: D383B164-8114-4197-B3B3-42DF5C5D90A8

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

ited	10/25/2023   9:16 AM POT
nature	Matt Halliday
(1	By the CRAFARAPSFPice 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)
	Matthew Halliday
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Page: 1 of 6 2023-10-26 11:03.07 CST 12122023573 From: David Thomas

## **FAX COVER SHEET**

TO		
COMPANY		
FAX NUMBER	18506176380	
FROM	DavidThomas	
DATE	2023-10-2611:02:39 CST	
RE	Order: 15188917: CREEKSIDE PRESERVE PROPERTY	
OWNERS ASSOCIATION, INC.		

## **COVER MESSAGE**