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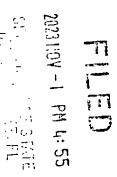
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COVERLETTER

TO: Amendment Section Division of Corporations

Tallahassee, Ft. 32314

NAME OF CORPORATION:	T SILVERLEAF HOME	OWNERS A	ASSOCIATION, INC.	_
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this ma	tter to the following:			
Alexandra M. Amador, Esq.				
	(Name of Contact Perso	on)		_
McCabe & Ronsman				
	(Firm/ Company)			_
110 Solana Road, Suite 102				
	(Address)			_
Ponte Vedra Beach, FL 32082				
	(City/ State and Zip Coo	de)		_
cstubbs@tollbrothers.com				
E-mail address: (to be use	ed for future annual report	t notificatio	n)	_
For further information concerning this matter, pleas	se call:			
Alexandra M. Amador	9(at	04	396-0090 xt 226	
(Name of Contact Perso		(rea Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount made	payable to the Florida Dep	partment of	State:	
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	-	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	Amen Divisi	t Address adment Section of Corpo Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

THE RESERVE AT SILVERLEAF HOMEOWNERS ASSOCIATION, INC.

FILED 2023 MOY = 1 PH 4: 55

Name of Corporation	as currently fi	iled with the	<u>Florida I</u>	Dept. of State
N22000006802				-

N22000006802		Sgy	4.55
(Document N	lumber of Corporation (if known)		SE MIE
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For Prof	It Corporation ac	lopts the following
A. If amending name, enter the new name of the corp	oration:		
Newbrook Property Owners Association, Inc.			The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorporated" or n	he abbreviation "	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		- 11	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		the name of the	
Name of New Registered Agent:		· · · ·	· · · · - · · · · ·
New Registered Office Address:	(Florida sii	rect address)	
		, Florida	
	(City)	(Zip C	ode)
New Registered Agent's Signature, if changing Registe			
hereby accept the appointment as registered agent. I a	m familiar with and accept the ob	ligations of the pe	osition.

Signature of New Registered Agent, if changing

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		23			
The date of each amendment	(s) adoption:	-	<u> </u>		, if other than the
date this document was signed.					
Effective date if applicable:	09/05/2023				
inective date if applicable.	/no more the	an 90 days after an	randmant filo data)		
	(no more m	an 20 aays agier an	инитет зне шиез		
<u>Note:</u> If the date inserted in the document's effective date on the	is block does not meet t ie Department of State's	he applicable statu s records.	iory filing requiren	nents, this date will no	ot be listed as the
Adoption of Amendment(s)	(CHECK (ONE)			
☐ The amendment(s) was/w was/were sufficient for ap	ere adopted by the mem proval.	bers and the numb	er of votes east 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.
09/05/2023 Dated
Signature
(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)
Christine Stubbs
(Typed or printed name of person signing)
Community Development Manager
(Title of person signing)