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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	WEST HOMEOWNERS A 	SSOCIATION.	INC.
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning to	his matter to the following:		
JEFFREY MCDONALD			
	(Name of Contact	Person)	
	(Firm/ Compa	iny)	
2791 CAMDEN ROAD			
	(Address)		
CLEARWATER, FL 33759			
	(City/ State and Zi	p Code)	
E-mail address: (to	be used for future annual r	eport notification	n)
For further information concerning this matter	, please call:		
JEFFREY MCDONALD		727 at	424-1922
(Name of Contac	Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Florida	a Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	Fee & \$\sumsymbol{\sumsymbol{2}}\$43.75 Filing Fe Status Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is seed)
Mailing Address Amendment Section	-	Street Address Amendment Secti	on

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation

of

(Name of Corporation as cu	arrently filed with the Florida Dept. of State)
N22384	
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:
	The new
name must be distinguishable and contain the word "cor <u>"Company" or "Co." may not be used in the name</u>	poration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.)	<u>ESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2759 Camden RD Clearwater FL 33759
 If amending the registered agent and/or registered new registered agent and/or the new registered off 	
Name of New Registered Agent:	 500 ±
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I a	ered Agent: Im familiar with and accept the obligations of the position.
•	
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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:

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	PT John I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
i) Change	Τ	ADRIAN KUSHTA	2128 CAMDEN ROAD
Add			CLEARWATER, FL 33759
X Remove			
2) Change	<u>r</u>	ARIAN KUSHTA	2128 CAMDEN ROAD
X Add			CLEARWATER, FL 33759
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if nece	essary). (Be specific)	ange(s) here:		
 				
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			-	
				<u> </u>
	 			
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The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date if applicable:	
	ays after amendment file date)
Note: If the date inserted in this block does not meet the applicument's effective date on the Department of State's record	icable statutory filing requirements, this date will not be listed as the s.
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members an was/were sufficient for approval.	d the number of votes cast for the amendment(s)
There are no members or members entitled to vote on the adopted by the board of directors.	amendment(s). The amendment(s) was/were
Dated 8-24-18	
Signature	
	he board, president or other officer-if directors rator – if in the hands of a receiver, trustee, or t fiduciary)
JEFFREY MCDONALD	
(Typed or	printed name of person signing)
PRESIDENT	
	(Title of person signing)