

N23000021276

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H23000393553 3)))



H23000393553ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : SHUTTS & BOWEN LLP OPERATING ACCOUNT
Account Number : I20030000037
Phone : (561)835-8500
Fax Number : (954)524-5506

CLERK OF STATE
TALLAHASSEE, FLORIDA

2023 NOV 14 AM 9:39

FILED

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

Email Address: MSMITH@SHUTTS.COM

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
ARMEN GROVES HOMEOWNERS ASSOCIATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$35.00

(((H23000393553 3)))

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Amen Groves Homeowners Association, Inc.

DOCUMENT NUMBER: N23000001276

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra E. Krimbein Sadov, Esq.

(Name of Contact Person)

Shutts & Bowen LLP

(Firm/ Company)

201 East Las Olas Blvd., Suite 2200

(Address)

Fort Lauderdale, Florida 33301

(City/ State and Zip Code)

msmith@shutts.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michele Smith

954

347-3804

(Name of Contact Person)

at

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|---|--|---|--|

Mailing Address

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

Street Address

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

(((H23000393553 3)))

(((H23000393553 3)))

Articles of Amendment
to
Articles of Incorporation
of

2023 NOV 14 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Antren Groves Homeowners Association, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N23000001276

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(((H23000393553 3)))

(((H23000393553 3)))

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>P</u>	<u>Samir Meah</u>	<u>2301 Lucien Way</u>
<input type="checkbox"/> Add			<u>Suite 260</u>
<input checked="" type="checkbox"/> Remove			<u>Maitland, Florida 32751</u>
2) <input type="checkbox"/> Change	<u>P</u>	<u>Dan Eshleman</u>	<u>2301 Lucien Way</u>
<input checked="" type="checkbox"/> Add			<u>Suite 260</u>
<input type="checkbox"/> Remove			<u>Maitland, Florida 32751</u>
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(((H23000393553 3)))

((H23000393553 3)))

E. If amending or adding additional Articles, enter change(s) here
(attach additional sheets, if necessary) (Be specific)

[illegible]

((H23000393553 3)))

(((H23000393553 3)))

The date of each amendment(s) adoption: _____, if other than the date this document was signed

Effective date if applicable: _____
(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 date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 11/13/23
K. HOVNANIAN AT ARMEN GROVES, LLC, a Florida limited liability company

Signature Cara Chieffallo
(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)

Cara Chieffallo
(Typed or printed name of person signing)

Legal Counsel
(Title of person signing)

FILED
2023 NOV 14 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H23000393553 3)))