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## COVER LETTER

.

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: <u>Starling Homeowi</u>	ners Association, Inc.		
DOCUMENT NUMBER: N24000005789			
The enclosed Articles of Amendment and fee are su	bmitted for filing. Please	return all corresponden	ce
concerning this matter to the following:			
Sheila D. Perry			
	(Name of Contact Pers	on)	
Starline Homeowners Association, Inc.			÷
	(Firm/ Company)		
978 N. Fletcher Avenue			
	(Address)		Eng w
Mayo, Florida 32066			PH 3: 00
	(City/ State and Zip Co	del	
sheiladperry4@gmail.com			
E-mail address: (to be use	ed for future annual repor	t notification)	
For further information concerning this matter, pleas	se call:		
Leenette McMillan	at	386 294 1688	
(Name of Contact Perso	on) (A	vrea Code) (Daytime	Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida Dep	partment of State:	
XX\$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Stat Certified Copy (Additional Copy Enclosed)	us
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Starline Homeowners Association, Inc.		
Name of Corporation as currently filed with the Florid: N24000005789	a Dept. of State)	
1124017003.767		
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit Corpora	tion adopts the following
A. If amending name, enter the new name of the corpora	ation:	
	NA	The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbres	viation "Corp" or "Inc."
B. Enter new principal office address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS	$(\underline{S})$	•
		(A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX)</u>	Νλ.	ကြိုဟု ထို
printing data cos star DE STOST OF FICE BOX	( <u>*</u> ) <u>/</u>	F = 0
		<u> </u>
). If amending the registered agent and/or registered off	fice address in Florida, enter the name	of the
new registered agent and/or the new registered office	address:	<del></del>
Name of New Registered Agent.	NA	<del>-</del>
New Registered Office Address:	(Florida street address)	
	(City)	lorida (Zip Code)
New Registered Agent's Signature, if changing Registered		
hereby accept the appointment as registered agent. I am for	<u>o regent:</u> amiliar with and accept the obligations of	the position
	NA Signature of Yew Revisiered Agent if the	
	signature of New Revisiered Agent if cha	maina

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; F - 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, Freasurer, 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>PT</u> <u>V</u> <u>SV</u>	John Doc Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change X_ Add	S, D	Dora Stiegelmar	1604 Sunset Hill Rockwall, TX 75087
Remove			
2) Change Add			
Remove   3   Change   Add   Remove			
4) Change Add	<del></del>	-	
Remove			
5) Change Add			
Remove			· · · · · · · · · · · · · · · · · · ·
6) Change Add			<u>ි</u> සි <u>ගින ල ) :</u>
Remove			<u></u>
E. If amending or adding (attach additional sheet	g additio s. if nece.	nal Articles, enter change(s) here: ssare). (Be specific)	五 五 00
		NA	
	-		

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<del></del>		· · · · · · · · · · · · · · · · · · ·
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		<u> </u>
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
- Information	(no more than 90 days after amendment file da	(e)
	ck does not meet the applicable statutory filing requir	
Adoption of Amendment(s)	(CHECK ONE)	
□ m		
was/were sufficient for approval	opted by the members and the number of votes cast f	or the amendment(s)

XX There are no members or members cutitled to vote on the amendment(s). The amendment(s) was/
were adopted by the hoard of directors.

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)

Sheila D. Perry

(Typed or printed name of person signing)

President and Director

(Title of person signing)

29 PM 3: 00