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COVER LETTER

TO: Amendment Section Division of Corporations

HILLS OF MO	NTVERDE HOMEOWN	BERS ASSOCI	ATION, INC.
N25000001096			
DOCUMENT NUMBER:		<u>. </u>	
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
LEUTECE VARNADO			
	(Name of Contact P	etson)	
АМН			
	(Firm/ Compan	y)	
23975 PARK SORRENTO, 3RD FLOOR			
,, <u>,</u>	(Address)		
CALABASAS, CA 91302			
	(City-State and Zip	Coder	
E-mail address: (to be	used for future annual re	port notificatio	n)
For further information concerning this matter, p	lease call:		
LEUTECE VARNADO	:11	747	292-9276
(Name of Contact Pe		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount ma-	de payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta	_	Certit is Certit (Addi	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		reet Address mendment Sect	ion
Division of Corporations		ivision of Corp.	
P.O. Box 6327	TI	ie Centre of Î	allahassee
Tallahassee, FI, 32314	51	US N. Monro	e Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to
Articles of Incorporation

0

, Affice	of	*a-
HILLS OF MONTVERDE HOMEOWNERS ASSOCIATIO		2025 11 23 PH 3: 2
(Name of Corporation as currently filed with the Florida I	Dept. of State)	-
N25000001096		
(Document Numb	er of Corporation (if	known)
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not I</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
N/A		The new
name must be distinguishable and contain the word "corporal "Company" or "Co." may not be used in the name.	ion" or "incorporat	
B. Enter new principal office address, if applicable:	N A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		_
D. If any adia, the social and any attention of the social and		a management of the
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a		a, enter the name of the
Name of New Registered Agent: N.A.		
Managaretta Agent		
		Florida street address)
New Registered Office Address:		
		Florida
	(Chy)	(Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:	
Thereby accept the appointment as registered agent. Tam fai	niliar with and accep	ot the obligations of the position.
Sis	gnature of New Regi	stered Agent, it changing

Docusign Envelope ID: 7ED2869C-78FB-4FF8-8D11-CD4DC45648DA

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	V Mike	Doe 2 Jones 2 Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	TODD JONES	280 PILOT ROAD LAS VEGAS, NV 89119
 ∑ Remove 2)	<u>PI)</u>	BRAD EDWARDS	280 PILOT ROAD LAS VEGAS, NV 89119
Remove	<u>TSD</u>	BEN PISAREV	280 PILOT ROAD LASVEGAS, NV 89119
4) Change Add	VD	ANDY DIMARZIO	280 PILOT ROAD LAS VEGAS, NV 89119
Remove			
6) Change Add			
E. If amending or add		articles, enter change(s) here: i.—(Be specific)	
N A			

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-	
·····	
te date of each amendment(s) adoption;te this document was signed.	, if other than t
fective date <u>if applicable</u> :	Gle dates

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

(CHECK ONE)

Adoption of Amendment(s)

Docusign Ē	Énvelope ID: 7ED2869C-78FB-4FF8-8D11-CD4DC45648DA	
	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 Signature Signature Signature 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)	
	Typed or printed name of person signing) DIRECTOR	

(Title of person signing)