N 25014

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Čit	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600340674666

02/18/20--01026--030 ** 35.00

FILED
2020 FEB 18 PM 4: 17

Amend

MAR 1 1 2070 I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION		ree Homeowners Assa	ociation 	
DOCUMENT NUMBER:	N25014			
The enclosed Articles of An	nendment and fee are subr	mitted for filing.		
Please return all correspond	ence concerning this matte	er to the following:		
Christina Marquez				
		(Name of Contact Pe	rson)	
Oakwood at Springtree Hor	neowners Association			
<u> </u>		(Firm/ Company	')	
4930 NW 96th Terrace				
		(Address)		
Sunrise, FL 33351				
		(City/ State and Zip (Code)	
marquez1211@gmail.com				
	-mail address: (to be used	for future annual rep	ort notification	n i
For further information con	cerning this matter, please	call:		
Christina Marquez		at	305	527-5695
	(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	yable to the Florida I	Department of	State:
≡ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing A	Address ent Section		eet Address endment Sect	ion
	of Corporations		ision of Corpo	
P.O. Box	•		e Centre of T	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation oſ

		of Amendment to of Incorporation of	vn)	
Oakwood at Springtree Homeowners Association				6 (1)
(Name of Corporation as currently filed with the F	lorida De	ept. of State)		3
N25014				Ę.
(Documen	nt Number	of Corporation (if know	vn)	ر کے ر
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	la Statutes	, this <i>Florida Not For F</i>	·-	
A. If amending name, enter the new name of the c	orporatio	on:		
N/A			The new	
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation	on" or "incorporated" (
D. Enter new uninclude office address if aurlies blo		4930 NW 96 Terrace		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	DDECC	Sunrise, FL 33351		
	-			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	Ο Χ ι	PO Box 26912		
		Tamarac, FL 33320		
D. If amending the registered agent and/or registe			ter the name of the	
new registered agent and/or the new registered				
Name of New Registered Agent:	Bakalar & ———	Associates, P.A.		
1:	2472 Wes	t Atlantic Blvd.		
		(Floru	la street address)	
New Registered Office Address:				
<u>c</u>	Coral Sprin		, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing Reg	gistered A	<u>lgent:</u>		
I hereby accept the appointment as registered agent.	l am fam	iliar with and accept the	obligations of the position.	
		Swoonf f	Botaka	
_		nature of New Registere	A T	
	6	Isan P. Ra	eKalan	

Page 1 of 4

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.

Name Marquez, Christina	Address 4930 NW 96 Terrace
Marquez, Christina	4930 NW 96 Terrace
	Sunrise, FL 33351
Grand, John	9647 NW 49 Court Sunrise, FL 33351
Williams, Charmaine	4934 NW 96 Terrace Sunrise, FL 33351
Albert, Eric	9652 NW 49 Street Sunrise, FL 33351
Scott, Freddy	4942 NW 96 Terrace Sunrise, FL 33351
	Grand, John Williams, Charmaine Albert, Eric Scott, Freddy

				<u> </u>
		-		
				
		- · ·		
			 	
				
* ** = * *==** ***				·
		Page 3 of 4		
	N/A			
The date of each amendment date this document was signed	(1) 2doption:			, if other than the
Effective date if applicable:	N/A			
Effective date il applicable.	(no more the	an 90 days after amendn	nent file date)	
Note: If the date inserted in the document's effective date on the			iling requirements, thi	s date will not be listed as the
Adoption of Amendment(s)	(CHECK	ONE)		
The amendment(s) was/w was/were sufficient for ap		obers and the number of	votes cast for the ame	ndment(s)

Dated	1/21/2020
Dated	
Signatu	
	(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)
	Christina Marquez
	(Typed or printed name of person signing)

(Title of person signing)