## N26488

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: Studit Woods (	Reach Property Owners Association, Its
DOCUMENT NUMBER: 36 - 454090	}
The enclosed Articles of Amendment and fee are submitted for fi	ling.
Please return all correspondence concerning this matter to the fol	lowing:
Melody Lockwood	
(Name of C	Contact Person)
(Firm)	Company
	Company)
4301 SW Wild Turkey	lane
1	duicos
OKEECHOBER FC GCity/ State	34974
(City/ State	e and Zip Code)
Stuart Woods ranch Hoa E-mail address: (to be used for future	annual coort notification)
For further information concerning this matter, please call:	
Mélody Lockwood	at 954 - 867 - 433¢
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the	e Florida Department of State:
S35 Filing Fee	Copy Certificate of Status nal copy is Certified Copy
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation

n

Stuart Woods Ranch Property Owners Association, IV.
36-4540907 (Document Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> 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:  (Driverial office address, if Applicable)  (Driverial office address, if Applicable)
(Principal office address MUST BE A STREET ADDRESS) 4802 WILD TOTKEY LANG
Oree Chobel FL 34974
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  4301 SW W. ICI TUSKEY (C1 NC
Objectione FC 34974
C/O Melody LOCKWOOD
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: MR 10 dy LOCKWOO à
4301 SW W.Id TUKOY Come OKARCHOLD FE
New Registered Office Address:
OKOV. Chobo Florida 34974 (City) (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.
The state of the s
Signature of New Registered Agent, if changing
. 2

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, n	ame,
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	$\underline{V}$ Mike	<u>i Doc</u> e Jones y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change Add	<u>PD</u>	John Sidonis	4802 Wild TULKEL Lang OKOCCHOIDER FL 349 FL
Remove			
2) <u>X</u> Change Add	TS	Helody Lockwood	4301 SW Wild TULKEY (G OKERCHORER FL 34974)
Remove 3) Change Add Remove			
4) Change Add		<del></del>	
Remove			
5) Change Add			
Remove			
6) Change Add	<del></del>		
Remove			
E. If amending or ad (attach additional s	ding additional A	Articles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adopted this document was signed	Q /.18.	(222)		
The date of each amendment(s) adopt	tion:/ X 0 /	<u> </u>		, if other than the
date this document was signed.	•			
	212012-	<b>3</b> 1		
Effective date if applicable:	- 3138130	1 /		
date this document was signed.  Effective date if applicable:	(no more than 90 de	vs after amendment t	ile date)	
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Note: If the date inserted in this block of	does not most the appli	cable statutors filing	maniremente this dat	o will not be listed as the
document's offective data on the Dance	unce not incertify appli	caoic statutory ming	requirements, tills will	e will not be fished as the
document's effective date on the Depart	unem or state's record	S.,		
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.

dopted by the board  Dated _	rs or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.
Signature _	u the observe as vice shairman of the heard associdant as other officer if directors
h	y the claffinian or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary)
Joh	inc Sidonis 2
	(Typed or printed name of person signing)
	PD
	(Title of person signing)