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COVER LETTER

TO: Amendment Section Division of Corporations

STRATFORD GR NAME OF CORPORATION:	EEN HOMEOWNERS A	ASSOCIATIO	ON, INC.
N29789 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this mal	tter to the following:		
SHERRIE GOTTESMAN			
	(Name of Contact Pers	on)	
ESLER & LINDIE, P.A.			
	(Firm/ Company)		
400 SE 6TH STREET			
	(Address)		
FORT LAUDERDALE, FL 33301			
	(City/ State and Zip Co	ide)	· .
blindie@esterandlindie.com			
E-mail address: (to be use	ed for future annual repor	t notification	1)
For further information concerning this matter, pleas	e call:		
SHERRIE GOTTESMAN)5 4	764-5400
(Name of Contact Perso	on) atat	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida De	partment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	E □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		<u>et Address</u> ndment Secti	ion

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

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

Articles of Amendment to Articles of Incorporation

	to	<i>r</i> .
	Articles of Incorporation of	- CILEN
STRATFORD GREEN HOMEOWNERS ASSOC	CIATION, INC.	Dept. of State) All Asia.
(Name of Corporation	as currently filed with the Florida	(Dept. of State)
N29789		Million 27
(Docun	nent Number of Corporation (if know	vn) ************************************
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not For P</i>	rofit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word	·	or the abbreviation "Corp," or "Inc,"
"Company" or "Co," may not be used in the name	_	
B. Enter new principal office address, if applica		
(Principal office address <u>MUST BE A STREET A</u>	<u>DDKESS</u>)	
		
C. Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE I</u>	<u> </u>	<u> </u>
D. If any distribution of the second	Annual office address in Clouds on	tor the game of the
D. If amending the registered agent and/or registered agent and/or the new registered.		ter the name of the
Name of New Registered Agent:		
State of Med Registeren agem.	400 SE 6TH STREET	
		la street address)
New Registered Office Address:	·	·
	FORT LAUDERDALE	, Florida 33301
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R	Registered Agent:	
I hereby accept the appointment as registered agen		obligations of the position.
_		
	Signature of New Registere	d Agent, if changing

. . . .

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change Add				
Remove				
2) Change Add				
Remove 3) Change				
Add Remove				
4) Change Add				
Remove				
5) Change Add				
Remove				
6) Change Add				
Remove				

ttach additional sheets, if necessary).	(Be specific)	
		_
····		

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 o	imendment file date)
<u>Note:</u> If the date inserted in this block does not meet the applicable stat document's effective date on the Department of State's records.	utory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the num was/were sufficient for approval.	ber of votes cast for the amendment(s)
There are no members or members entitled to vote on the amendme adopted by the board of directors.	ent(s). The amendment(s) was/were
Dated OCTOBER 30, 2018	
Signature Sulf J. L.	·
(By the chairman or vice chairman of the board, have not been selected, by an incorporator – if i other court appointed fiduciary by that fiduciary	n the hands of a receiver, trustee, or
BETH G. LINDIE, ESQ.	
(Typed or printed na	me of person signing)
REGISTERED AGENT	
(Title of	person signing)