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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: VILLAS By The-Lake Owners Association, Inc.
DOCUMENT NUMBER: N 30447
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Suzanne Jarrett (Name of Contact Person)
(same of Contact reison)
Villas By-The-Lake Chiners Association, Inc
570 Caribbean DRIVE
Lakeland, FL 33803 (City/ State and Zip Code)
95 Jakkett @ gwail . Com E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Suzanne Jarrett a: 813-997-1767 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Stroot Address

Mailing Address

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

Street Address

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

Articles of Amendment

to Articles of Incorporation of

Villas Bu-The-La	Ke Owners A	Association, Inc.
(Name of Corporation as curre	ntly filed with the Florida D	ept. of State)
N 30447		
(Document Num	iber of Corporation (if known)	1
tursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not For Proj</i>	fit Corporation adopts the following
A. If amending name, enter the new name of the corpora	<u>ition:</u>	
NA		The new
name must be distinguishable and contain the word "corpor" (Company" or "Co." may not be used in the name.	ation" or "incorporated" or i	the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicable:	A\u	
Principal office address <u>MUST BE A STREET ADDRESS</u>	S) N/A	宣
	. 15	
	<u> </u>	
Enter new mailing address, if applicable:	1.5	()
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
	NIA	
	A M	
D. If amending the registered agent and/or registered of	ffice address in Florida, ente	r the name of the
new registered agent and/or the new registered office	address:	
Name of New Registered Agent.	N/A	
· · · · · · · · · · · · · · · · · · ·	ه ار	
	(Florida	street address)
New Registered Office Address:	,	
	(City)	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register	ed Agent:	
I hereby accept the appointment as registered agent. I am	familiar with and accept the c	obligations of the position.
	Signature of Nove Registered	Agent, if changing
	эгунаште ој меж меуычегеа	a the contract of a contract of

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 Mtke 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	_	Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add 		Barbara Hall	570 Caribbeau De Lakeland, FL 33803
2) X Change Add	<u></u>	David Rhivehast	570 Caribbean DR.
Remove 3) Change Add		Lynn Adams	33803 570 Conibbean DR Lakeland, FL. 33803
Remove 4) Change Add			
Remove Change Add			
Remove 6) Change Add			
Remove			

E. If amending or adding additional Arti	cles, enter change(s) her	<u>e</u> :		
(attach additional sheets, if necessary).	(Be specific)			
A/4				
	······································			
				
				
				<u> </u>
		<u>. </u>		

The date of each amendment(s) adoption: _	APRIL	16,2019	, if other than the
date this document was signed.		·	
Effective date <u>if applicable</u> :	APRIL o more than 90 day	vs after amendment file dat	v)
Note: If the date inserted in this block does r document's effective date on the Department	not meet the application of State's records.	able statutory filing require	ments, this date will not be listed as the
Adoption of Amendment(s) (9	CHE <u>CK ONE</u>)		
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and	the number of votes cast fo	or the amendment(s)
There are no members or members entit adopted by the board of directors.	led to vote on the a	nmendment(s). The amend	ment(s) was/were
Dated $5 / 7 / 2c$	<u> </u>		
have not been selecte	ed, by an incorpora	e board, president or other ator – if in the hands of a re	officer-if directors eceiver, trustee, or
other court appointed	Suzann	e Jone I	ing)
	S	CCRETARY (Title of person signing)	