131576

(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

Ultiman NAME OF CORPORATION:	r Homeowners Associa	ation, Inc	
N31576 DOCUMENT NUMBER:			
The enclosed Articles of Amendment an	d fee are submitted for f	iling.	
Please return all correspondence concerr	ning this matter to the fol	lowing:	
Kristin Crockett			
	(Name of	Contact Person)	
Ultimar Homeowners Association, In	C.		
	(Firm	Company)	<u></u>
1520 Gulf Blvd.			
	(A	(ddress)	
Clearwater, FL 33767			
	(City/ Stat	e and Zip Code)	······································
ultimarhoa@outlook.com			
E-mail addres	ss: (to be used for future	annual report notificat	ion)
For further information concerning this r	natter, please call:		
Kristin Crockett		727	593-5750
(Name of C	ontact Person)	(Area Code	c) (Daytime Telephone Number)
Enclosed is a check for the following arr	ount made payable to the	e Florida Department	of State:
	Filing Fee & S43.75 late of Status Certified (Addition enclose)	d Copy Cer onal copy is Cer d) (Ad	2.50 Filing Fee rtificate of Status rtified Copy Iditional Copy is sclosed)
Mailing Address		Street Addres	s

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 of

Ultimar Homeowners Association, Inc.		
(Name of Corporation as curre	ntly filed with the Flo	orida Dept. of State)
N31576		
(Document Num	ber of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this Florida Not F	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
		The new
name must be distinguishable and contain the word "corpor" "Company" or "Co," may not be used in the name.	ation" or "incorporat	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	<u> </u>	
		19:
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		ייצי
		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		a, enter the name of the
Name of New Registered Agent:		
	(Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am f		ot the obligations of the position.
	Signature of New Reg.	istered 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; CF() = 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: \underline{X} Change \underline{X} Remove \underline{X} Add	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Peter Foulds	1560 Gulf Blvd. #902
Add			Clearwater, FL 33767
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			****

E. If amending or adding additional Article (attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	•
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The	date of each amer	ndment(s) a	doption:	_, if other than the
date	this document was	signed.		
Effe	ective date <u>if appli</u>	cable:		
			(no more than 90 days after amendment file date)	
			ock does not meet the applicable statutory filing requirements, this date will not lepartment of State's records.	oe listed as the
Ado	option of Amendm	ent(s)	(<u>CHECK ONE</u>)	
	The amendment(s was/were sufficier		dopted by the members and the number of votes cast for the amendment(s) al.	
	There are no mem adopted by the bo		bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
	Dated	3/27/19		
	Signature	- Lu	rman or vice chairman of the board, president or other officer-if directors	_
		have not be	en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
		Frederi	ck Derbes	
			(Typed or printed name of person signing)	
		Preside	nt	
			(Title of person signing)	