N33067

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	CONWAY LANDIN	IGS HOMEOWNER	S' ASSOCIAT	ION INC.	
DOCUMENT NUMBER:	N33067				
The enclosed Articles of An	nendment and fee are subr	nitted for filing.			
Please return all correspond	ence concerning this matte	er to the following:			
GARY KLEIER					
		(Name of Contact Po	erson)		
CONWAY LANDINGS HO	OMEOWNERS' ASSOCIA	ATION INC.			
		(Firm/ Company	·)		
4539 CONWAY LANDING	G DR.				
		(Address)			
ORLANDO, FLORIDA 32	2812				, , ,
		(City/ State and Zip	Code)		
conwaylandingshoa@yahoo	o.com				
	-mail address: (to be used	for future annual re	ort notificatio	n)	
For further information con-	cerning this matter, please	call:			
GARY KLEIER		at	407	325-4953	
	(Name of Contact Person			(Daytime Telephone N	√umber)
Enclosed is a check for the	following amount made pa	yable to the Florida	Department of	State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certit s Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing A			reet Address		
Amendment Section			nendment Sect		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CONWAY LANDINGS HOMEOWNERS' ASSOCIATION INC.

Name of Corporation as currently filed with the N33067	-	,		
	nent Numbe	r of Corporation (if I	known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes	s, this <i>Florida Not F</i>	for Profit Corporation adopts the following	
A. If amending name, enter the new name of th	e corporati	on:		
			The new	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		on" or "incorporate	ed" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applica	able:	CONWAY LANDINGS HOMEOWNERS' ASSOCIATION I		
(Principal office address MUST BE A STREET A	ADDRESS)	DDRESS) 4539 CONWAY LANDING DR.		
		ORLANDO,FLORI	DA, 32812	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	CONWAY LANDI	NGS HOMEOWNERS' ASSOCIATION I	
		P O BOX 590083		
	-	ORLANDO, FLOR	RIDA 32809-0083	
D. If amending the registered agent and/or regi			a, enter the name of the	
new registered agent and/or the new register	GARY KL			
Name of New Registered Agent:				
	4539 CONWAY LANDING DR. (Florida street address)			
New Registered Office Address:	:	(1	Florida street address) t	
	ORLAND	0	. Florida 32812	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered . nt. I am fan	Agent: niliar with and accep	ot the obligations of the position.	
<u>-</u>	Sic	anature of New Regi	stered 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	PT John Do V Mike Jo SV Sally S	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l) Change Add	<u>D</u>	JESSICA GRIMALDI	5142 CODDINGTON ST. ORLANDO, FLORIDA 32812
× Remove			
2) Change x Add	D	ASHLEY REGNIER	5183 CODDINGTON ST. ORLANDO, FLORIDA 32812
Remove 3) Remove X Add Remove	<u>T</u>	LYDIA CORTEZ	4557 CONWAY LANDING DR. ORLANDO, FLORIDA 32812
4) Change Add	<u>T</u>	ERIC GARMS	5160 CODDINGTON ST. ORLANDO, FLORIDA 32812
 X Remove 5) Change Add X Remove 	<u>S</u>	ZYANYA GARCIA	5154 CODDINGTON ST. ORLANDO, FLORIDA 32812
6) Change Add			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	

				·-
				
				
				
				
				, I
				
				÷
The date of each amendment(s) adoption: date this document was signed.	·			, if other than th
Effective date if applicable:	10 more than 90 days aft			
Note: If the date inserted in this block does	not meet the applicable	statutory filing require	ments, this date will n	ot be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

	There are no membadopted by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.
	Dated	10/25/2023
	Signature (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) GARY KLEIER
		(Typed or printed name of person signing)
		(Title of person signing)