

| (Requestor's Name) | |
|---|--------------------------|
| (Address) | — 300320785183 |
| (Address) | _ |
| (City/State/Zip/Phone #) | rt_ |
| (Business Entity Name) | |
| (Document Number) | 12/10/1801815087 **35.88 |
| Certified Copies Certificates of Status | S. TALLENT |
| Special Instructions to Filing Officer: | DEC 1 3 2018 |
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Office Use Only

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: The Anborgh | in Homeown | versi A | bisaciatur Irc. | |
|---|--------------------------|---|--|---|
| FEI #65-02437 | | | | |
| The enclosed Articles of Amendment and fee are submi | | | | |
| Please return all correspondence concerning this matter | to the following: | | | |
| Susan Shapiro | | | | |
| (0 | Name of Contact Perso | n) | | _ |
| | (Firm/ Company) | | | |
| - 5/1 50 (. 1) | | | | |
| 10102 SW 57 COURT | (Address) | | - | |
| Pinecrest, Florida 3 | 3126 | | | |
| | | | | , |
| SKShap @ belliouth ne | or future annual report | notification; | <u>, </u> | |
| For further information concerning this matter, please c | | | | |
| Susan Shapiro (Name of Contact Person) | a1 | 302- | 667-7281 | |
| | | | | |
| Enclosed is a check for the following amount made pay \$35 Filing Fee \$\Bigcup \Bigcup \\$43.75 Filing Fee & B Certificate of Status | □\$43.75 Filing Fee & | □\$52.50 Certific Certific | Filing Fee cate of Status ed Copy ional Copy is | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Amen Divisi Clifto | Address dment Section on of Corpo a Building Executive Co | rations | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| | ouvers' Association, Inc |
|---|---|
| (Name of Corporation as current) | y filed with the Florida Dept. of State) |
| <u>N37044</u> | |
| (Document Number | r of Corporation (if known) |
| Pursuant to the provisions of section 617,1006, Florida Statutes, amendment(s) to its Articles of Incorporation: | , this Florida Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporatio | <u>n:</u> |
| name must be distinguishable and contain the word "corporatio "Company" or "Co." may not be used in the name | The new on" or "incorporated" or the abbreviation "Corp," or "Inc," |
| B. Enter new principal office address, if applicable: | C/o Susan Shapipo |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | 10102 SW 37 Coupt |
| - | PINECRETY Florida 33156 |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | C/o Susin Shapiro |
| | 10102 SW 57 Court |
| | Pinecketty Florade 33150 |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad | address in Florida, enter the name of the ldress: |
| Name of New Registered Agent | |
| New Registered Office Address: | (Florida street address) Florida (City) (City) |
| | (City) Florida (Zip Code) 71 |
| New Registered Agent's Signature, if changing Registered / I hereby accept the appointment as registered agent. I am fam | Agent: |
| | |
| Six | gnature of New Registered 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 | | Doe : Jones : Smith | |
|-----------------------------------|--------------|---------------------------|---|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) _X Change Add Remove | P/0 | Swan Shapine | Pirecrest, Florida 33150 |
| 2) Change Add | <u></u> | Robert Goldenberg | 10060 SW SJ Court PRECREIT, Florida 33150 |
| Remove 3) Change Add Remove | | | |
| 4) Change Add Remove | | | |
| 51 Change Add Remove | | | |
| 6) Change Add Remove | | | |

| ttach additional sheets, if necessary) | (Be specific) | | | | |
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| The | e date of each amendment(s) adoption: | , if other than the |
|------|--|--------------------------------|
| late | e this document was signed. | |
| iffe | fective date if applicable: 13/6/18 | |
| | (no more than 90 days after amendment file date) | |
| | te: If the date inserted in this block does not meet the applicable statutory filing requirements, this tument's effective date on the Department of State's records. | Jate will not be listed as the |
| ۸de | option of Amendment(s) (CHECK ONE) | |
| ₩ | The amendment(s) was/were adopted by the members and the number of votes east for the amend was/were sufficient for approval. | ment(s) |
| | There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the board of directors. | /were |
| | Dated 17 6 18 | |
| | Signature | |
| | (By the chairman or vice of airman of the board, president or other officer-if dichards have not been selected, by an incorporator — if in the hands of a receiver, trust other court appointed fiduciary by that fiduciary) | |
| | (Typed or printed name of person signing) | |
| | Pres, dent | |
| | (Title of person signing) | |
| | (Title of person signing) | |