## N38526

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Woodsedge Ho	meowners' Associat	ion, Inc.	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing	3.	
Please return all correspondence concerning this	matter to the follow	ring:	
Derek A. Strine			
· · · · · · · · · · · · · · · · · · ·	(Name of Con	tact Person)	
Woodsedge Homeowners' Association, Inc.			
	(Firm/ Co	mpany)	
10210 NW 145th Avenue Rd.			
· · · · · · · · · · · · · · · · · · ·	(Addr	ess)	
Morriston, FL 32668			
	(City/ State an	d Zip Code)	
minimade@att.net			
E-mail address: (to be	used for future ann	ual report notification	on)
For further information concerning this matter, p	lease call:		
Derek A. Strine		302 at	593-6682
(Name of Contact Po	erson)		(Daytime Telephone Number)
Enclosed is a check for the following amount ma	de payable to the Fl	orida Department o	f State:
☐ \$35 Filing Fee		py Certi copy is Certi (Add	50 Filing Fee ficate of Status fied Copy litional Copy is losed)
Mailing Address Amendment Section		Street Address Amendment Sec	tion
Division of Corporations		Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

WOODSEDGE HOMEOWNERS' ASSOCIATION, INC.	2.27	· 20 F··
Name of Corporation as currently filed with the Florida I	Dept. of State)	
N38526		
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopt	s the following
A. If amending name, enter the new name of the corporat	ion:	
name must be distinguishable and contain the word "corpora" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Con	The new
· · · · · · · · · · · · · · · · · · ·	Derek A. Strine	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10210 NW 145th Avenue Rd.	
	Morriston, FL 32668	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a		
Name of New Registered Agent:	HA	
New Registered Office Address:	(Florida street address)	
	, Florida	<del></del>
	(City) (Zip Code	<i>')</i>
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa		ion.
Si	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	PT         John Do           V         Mike Jo           SV         Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Change Add	<u>s</u>	Iris Y. Cotto	1699 NW 165th Court Rd Dunnellon, FL 34432
Remove  2) Change Add	D	Ashley Greene	10210 NW 145th Ave. Rd. Morriston, FL 34432
x Remove 3) Change Add x Remove	<u>D</u>	Daria D. Ivandaeva	7621 NW 56th Place Ocala, FL
4) × Change Add	PTD	Derek A. Strine	10210 NW 145th Ave. Rd. Morriston, FL 34432
Remove 5) Change Add			
Remove 6) Change Add	PTD	William N. Chambers	7621 NW 56th Place Ocala, FL 34482
E. If amending or addin (attach additional sheet		cles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adoption:	00,1		<u></u>			, if other than the
date this document was signed.	- 1					
Effective date if applicable:	'					
(no	more than 90 da	ıys after amei	ndment file de	ate)	<del></del> -	
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)



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

are no members or members entitled to vote on the amendment(s). The amendment(s) was/were ed by the board of directors.
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)  Denek A Strive  (Typed or printed name of person signing)
President Director (Title of person signing)