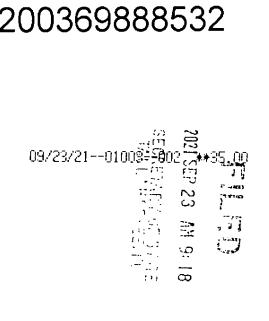
| (Address) (Address) (City/State/Zip/Phone #) (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | (R | equestor's Name) |
|---|-------------------------|------------------------|
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | (A | ddress) |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | ANE WOODS | Homeowners AssociATION, | _lu |
|--|--|--|-----|
| DOCUMENT NUMBER: N4/381 | | | _ |
| The enclosed Articles of Amendment and fee are sul | omitted for filing. | | |
| Please return all correspondence concerning this mat | ter to the following: | | |
| ROGER SMITH | | | |
| | (Name of Contact Perso | n) | _ |
| | (Firm/ Company) | | - |
| 573 Tingen | - PJ | | |
| 573 TIMBERLAND | (Address) | | = |
| TACLAHASSER, FL | <mark>323/2</mark> (City/ State and Zip Cod | e) | _ |
| boyettrats y payne E-mail address: (to be use | d for future annual report | NET notification) | _ |
| For further information concerning this matter, pleas | e call: | | |
| ROGER SMITH | atat | 850 - 545-7665 rea Code) (Daytime Telephone Number) | _ |
| | | | |
| Inclosed is a check for the following amount made p | payable to the Florida Dep | artment of State: | |
| ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) | |
| Mailing Address | | Address | |
| Amendment Section | Amen | Iment Section | |

Mailing Address
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

| TIMBERLANE WOODS HOMEOU (Name of Corporation as currently filed with the Florida De | ept. of State) | | |
|---|---|--|----------------|
| N41381 | | | |
| (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 Corpo | ration adopts the fo | llowing |
| A. If amending name, enter the new name of the corporation | en: | | |
| name must be distinguishable and contain the word "corporation | " " , , , , , , , , , , , , , , , , , , | 7 | he new |
| "Company" or "Co," may not be used in the name. | on or incorporated or the abbre | viation Corp. or | Inc. |
| | 4 3 | | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 440 ITUDUBON D | <i>R</i> | 202 |
| · | TALLAHASSEE FL | 323/主皇 | - <u></u> |
| | , | ;-:-! :-:-! | Ω. |
| - | | - हर् | 23 |
| 2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | Hua Avaneau Da | , 5 T + 15 E 1 | |
| (Studing unaress MAT BE A POST OFFICE BOX) | TALL AHASSEE FL 3 | | |
| - | TALLAHASSEE FL 3 | 723/2 | - 5 |
| | • | -r, | œ |
| | | | |
|). If amending the registered agent and/or registered office | address in Florida, enter the name | ie of the | |
| new registered agent and/or the new registered office ad- | <u>aress:</u> | | |
| Name of New Registered Agent TER | | | |
| 440 | AUBUBON DK. (Florida street address | | |
| | (Florida street adåres | (7) | |
| New Registered Office Address: | | | |
| TAG | CAHASSEE , | Florida | 2 |
| | (City) | (Zip Code) | |
| iew Registered Agent's Signature, if changing Registered A | gent; | | |
| hereby accept the appointment as registered agent. I am fami | liar with and accept the obligations | of the position. | |
| 0 | 10 | (II) | |
| | one Bo | 1811/ | |
| Sign | nature of New Registered Agent, if c | hanging | |

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.

| | caves the corpora | g manner. Currently John Doe is listed as the tion, Sally Smith is named the V and S. Thes h, SV as an Add. | | |
|--|--|---|-------------------|--------------------------------|
| Example: X.Change X.Remove X.Add | | <u>Doe</u> Jones Smith | | I SEP 23 OREIVES |
| Type of Action (Check One) | Tatle | <u>Name</u> | Address | AH O |
| 1) Change Add | D | AGNES G. SMITH | 573 T) TAULAHA | MBERCANE PS |
| | <i>P</i> | PAM BRIGGS | | OE RVN VA. SIEE, FL 31312 |
| Remove 3) Change Add Remove | _P.D_ | TEBRY BOYETT | 440 AL TALLABA | 18UBON DA. 11EL, FL 323/2 |
| 4) Change Add | D | WILLIAM GARDNER | | DOE RUN DR. ASSEC, FL 32312 |
| | | | | |
| Remove Change | | | | |
| Add Remove | | | | |
| E. If amending or add (attach additional sh | ling additional A cets, if necessary) | rticles, enter change(s) here: . (Be specific) | | |
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| The date of each amendment(s) additionable this document was signed. | option: | | | , if other than the |
| Effective date <u>if applicable</u> : | | | | |
| | (no more than 90 day | | | |
| <u>Note:</u> If the date inserted in this bloc document's effective date on the Dep | k does not meet the applic artment of State's records | table statutory filing | grequirements, this c | fate will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | | | |
| The amendment(s) was/were add was/were sufficient for approval | opted by the members and | the number of vote. | s cast for the amend | ment(s) |

| 1. | Dated | 9-23-21 | | | |
|----|------------------|---|------------------------------|---|-----------------------------|
| S | Signature | Zugen C | South | | |
| | have not bee | nan of vice chairman n selected, by an inco ppointed fiduciary by | rporator – if in the l | ent or other officer- ainds of a receiver, | if directors trustee, or |
| | | ROGEL | C Swit | . // | |
| | -,, , | (Typed | C 5m/T or printed name of | person signing) | |
| | | an a | | | |
| | | PRE | (Title of person | signing) | |
| | | | | | 2021 SEC |
| | | | | | SEP |
| | | | | | 23 |