N46278

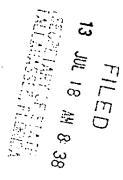
(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CH	ARLESTON IN	THE PINE PHAS	E 11 HOMI	EOWNE	RS ASSOCIATION
DOCUMENT NUMBER:		N4627	8		n yayan kana gayan ka na g
The enclosed Articles of Amendme	nt and fee are sub	omitted for filing			
Please return all correspondence con	ncerning this mat	ter to the followi	ng:		
	Je	essica M	ahade	ео	
		Name of Cont	act Person		
	Blue Cre	est Mana	ageme	ent L	LC
		Firm/ Cor			
	2962 Tı	rivium Ci	rcle, S	Ste 2	203
	_	Addre			
	Fort La	uderdale	e, FL	333	12
		City/ State and	I Zip Code		
admir	ı@bluecı	restmana	ademe	ent.d	com
	iddress: (to be us				
For further information concerning	this matter, pleas	e call:			
Jessica Mah	adeo	at (954)	745-0899
Name of Contact Pe	rson				ytime Telephone Number
Enclosed is a check for the following	g amount made p	ayable to the Flo	orida Depai	rtment o	f State:
	5 Filing Fee & icate of Status	□\$43.75 Filin Certified Co (Additional c enclosed)	рy	Cert Cert (Add	.50 Filing Fee difficate of Status diffied Copy ditional Copy nclosed)
Mailing Address Amendment Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations		Clifton	ment Ser n of Cor Building recutive	etion porations B Center Circle



June 19, 2013

JESSICA MAHADEO 2962 TRIVIUM CIRCLE SUITE 203 FT. LAUDERDALE, FL 33312

SUBJECT: CHARLESTON IN THE PINES PHASE II HOMEOWNERS'

ASSOCIATION, INC. Ref. Number: N46278

We have received your document for CHARLESTON IN THE PINES PHASE II HOMEOWNERS' ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain Regulatory Specialist II

Letter Number: 013A00015386

Articles of Amendment to Articles of Incorporation of

CHARLESTON IN THE PINES PHASE 11 HOMEOWNERS ASSOCIATION INC.

N46278 (Document Number of Corporation Pursuant to the provisions of section 617.1006, Florida Statutes, thi		
	(II KIIOWII)	
amendment(s) to its Articles of Incorporation:	is Florida Not For Profit Corporation adopts the f	ollowing
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation" "Company" or "Co." may not be used in the name.	or "incorporated" or the abbreviation "Corp." of	
B. Enter new principal office address, if applicable:	<u> </u>	ω
(Principal office address MUST BE A STREET ADDRESS)	A Park Control of the	
		00
C. Enter new mailing address if applicables	* A.S. 773 773 644	ﷺ □
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ထု
	######################################	အထ
D. If amending the registered agent and/or registered office ad		
new registered agent and/or the new registered office addre	ess:	
Name of New Registered Agent:		
(Flori	ida street address)	
New Registered Office Address:		
	, Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia		

Page 1 of 4

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: \underline{X} Change \underline{X} Remove \underline{X} Add	<u>V</u> <u>Mil</u>	n <u>Doe</u> ce Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Damion Lee	2962 Trivium Circle, Ste 203
X Add		_	Fort Lauderdale FI 33312
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	

The date of each amendmen	t(s) adoption: 5/16/2013
Effective date <u>if applicable</u> :	5/16/2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) oproval.
☐ There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.
Dated	07/10/2013
have r	e charman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Sruce Taylor (Typed or printed name of person signing)
	President
	(Title of person cigning)