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ALLAHASSEE, FLOSING

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	s			TALI
NAME OF CORPORATIO	Wyndtree Pha	ase V - Village 8	Association, Inc.	THE THE
DOCUMENT NUMBER:	N46993			
The enclosed Articles of Ame	endment and fee are subm	nitted for filing.		·
Please return all corresponder	nce concerning this matte	er to the following:		
Sherie Carlso	n			
		(Name of Contact Person	n)	
Wyndtree Ph	ase V - Villa	age 7 Asso	ciation, Inc.	
2100		(Firm/ Company)		
1128 Mazario	n Place			
-		(Address)		
New Port Ric	hey, FL 346	655		
		(City/ State and Zip Cod	e)	
sherie	.carlson@g	mail.com		
<u> </u>	mail address: (to be used	for future annual report	notification)	
For further information conce	rning this matter, please	call:		
Sherie Carlso	on	<sub>ar (</sub> 727	249-6666	
(Name of Con	tact Person)	(Area C	ode & Daytime Telephone Nu	ımber)
Enclosed is a check for the fo	llowing amount made page	yable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is	

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed)

## **Articles of Amendment** to Articles of Incorporation of

Wyndtree Phase V -	Village 8 A	Assocation, Ir	IC.	学名する		
(Name of Corporation as current)	y filed with the Flo	rida Dept. of State)		<b>15% 49</b>		
N46993				がない		
(Docu	iment Number of Co	orporation (if known)		· 第2		
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporat  A. If amending name, enter the new na	ion:		ofit Corporation add	opts the followin		
				The ne		
name must be distinguishable and contain		tion" or "incorporated" o	r the abbreviation "	Corp." or "Inc.		
"Company" or "Co." may not be used in		1128 Mazari	on Place			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)						
(		New Port Richey	/, FL 34655			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1128 Mazari	on Place			
	_	New Port Richey	, FL 34655			
D. If amending the registered agent and new registered agent and/or the new		ddress:	er the name of the			
Name of New Registered Agent:	Name of New Registered Agent:					
		zarion Place (Florida street address)				
New Registered Office Address:		(Fioriau sireet daaress)				
	<b>New Port</b>	Richey	_, Florida <u>3465</u>	55		
	(City)			(ip Code)		
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	Predagent. I am fai New 4	miliar with and accept the		osition.		
	Signature of New	Registered Agent, if chang	ing			

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 John Doe X Remove Mike Jones X Add Sally Smith Type of Action Title Address <u>Name</u> (Check One) Wynne Black 7924 Lake Placid Ln New Port Richey, FL 34655 \_ Add Remove Andrea Metzen 7915 Lake Placid TSD 2) \_\_\_\_ Change New Port Richey, FL 34655 Add Remove Sherie Carlson 1128 Mazarion Place Change New Port Richey, FL 34655 AddRemove ST Jeannette LaMacchia 1122 Mazarion Place Change New Port Richey, FL 34655 Add Remove Change Add Remove Change Add Remove

attach additional sheets, if necessary). (Be specific)	
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ALCOHOL:	

date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.	PSE F
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	SEP -5
Dated 9/2/2014	79 7
Signature Thui L. Col	5: 38 5: 38
(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)	DE CO
Sherie Carlson	
(Typed or printed name of person signing)	
President	
(Title of person signing)	