N47255

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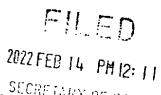
TO: Amendment Section
Division of Corporations

LAKE JULIAN	NA RESERVE HOMEOW	VNER'S ASSOC	TIATION INC
N47255			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee as	re submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
REBECCA WALTON			
	(Name of Contact I	erson)	
LAKE JULIANA RESERVE HOMEOWNER'	S ASSOCIATION INC		
· · · · · · · · · · · · · · · · · · ·	(Firm/ Compar	ıy)	
PO BOX 204			
	(Address)		
POLK CITY, FL 33868			
	(City/ State and Zip	Code)	
LJRHOA@GMAIL.COM			
E-mail address: (to b	ne used for future annual re	eport notificatio	n)
For further information concerning this matter,	please call:		
REBECCA WALTON	ä	863 11	873-6917
(Name of Contact		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Florida	a Department of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing F Certificate of \$		Certif ris Certif (Addi	0 Filing Fee icate of Status ied Copy itional Copy is osed)
Mailing Address Amendment Section		treet Address amendment Sect	ion

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



LAKE JULIANA RESERVE HOMEOWNER'S ASSOCIATION INC

(Name of Corporation as currently filed with th	a Flavida Dont of C	tata)	74LL, 11.45CLL, 11.11
N47255	ic Piorida Dept. or 3	(ate)	
	ment Number of Corp	poration (if known)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Fla</i>	orida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the	ie corporation:		
			The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam	d "corporation" or ". n <mark>e</mark> .	incorporated" or the	abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applications of the principal office address MUST BE A STREET A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		
D. If amending the registered agent and/or regi	stered office address	s in Florida, enter t	he name of the
new registered agent and/or the new register		22.1	
Name of New Registered Agent:	REBECCA WALTO		
	5018 JULIANA RE	SERVE DR	
New Registered Office Address:		(Florida stre	et address)
	AUBURNDALE		. Florida 33823
	(City)		(Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registered ager	it. I am familiar with	and accept the obli	gations of the position.
		_/\	
_	Signature of	New Registered Age	ent, 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 V John Do Mike Jo Sally St	ones -	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
F) Change Add	TREAS	FLORENCE BONI	212 LAKE TENNESSEE DR AUBURNDALE, FL 33823
× Remove			
2) Change Add	TREAS_	REBECCA WALTON	5018 JULIANA RESERVE DR AUBURNDALE, FL 33823
Remove 3) Remove 4 Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
			-
			V-10-10-10-10-10-10-10-10-10-10-10-10-10-

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The date of each area to the second	ption: 1-22-2022	
data this denoment was signed	ption:	_, if other than the
date this document was signed.		
Effective date <u>if applicable</u> : 1-22-29	022	
r. rective date <u>ir appreable</u> :	(no more than 90 days after amendment file date)	
	(no more man 90 days after amenament fite date)	
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing requirements, this date will not lartment of State's records.	pe listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 2-11-2022
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)
RACHEL CORBITT
(Typed or printed name of person signing)
VICE PRESIDENT
(Title of person signing)