N47301

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FEB 1 1 2015 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

Divinion of Corporations		
NAME OF CORPORATION: Riverside 1	Estates HC	DA
DOCUMENT NUMBER: N47301		
The enclosed Articles of Amendment and fee are submi	tted for filing.	
Please return all correspondence concerning this matter	to the following:	
Joe Garchinsky		
1)	Name of Contact Persor	1)
Riverside Estates HOA		
	(Firm/ Company)	
PO Box 678817		
	(Address)	
Orlando, fl 32867		
(0	City/ State and Zip Code	e)
riversidehoa@bells	south.net	
E-mail address: (to be used for		notification)
For further information concerning this matter, please ca	dl:	
Joe Garchinsky	_{at (} 407	243-9151
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made paya	able to the Florida Depa	rtment of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ Certificate of Status	1\$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of

Riverside Estate HOA		= 1.44
(Name of Corporation as currently filed v	with the Florida Dept. of State)	हिंदू हैं।
N47301		
(Document N	(umber of Corporation (if known)	- 5/1 J.
•	orida Statutes, this Florida Not For Profit Corporation	on adopts the following
mendment(s) to its Articles of Incorporation:		-
A. If amending name, enter the new name of the	ne corporation:	
Riverside Estates HOA, T~	٤.	The ne
name must be distinguishable and contain the wor	rd "corporation" or "incorporated" or the abbreviat	
"Company" or "Co." may not be used in the nan		·
B. Enter new principal office address, if applic	ahle.	
(Principal office address MUST BE A STREET)		
	-	
C. Enter new mailing address, if applicable:	E BOVI	
(Mailing address <u>MAY BE A POST OFFICE</u>	<u> </u>	
		
	istered office address in Florida, enter the name o	<u>f the</u>
new registered agent and/or the new registe	ered office address:	
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:	Triorina street daaressy	
	F1	
	, Florida,	(Zip Code)
	(0.13)	(zip Code)
New Registered Agent's Signature, if changing	Registered Agent:	
hereby accept the appointment as registered age	ent. I am familiar with and accept the obligations of	the position.
Signa	ture of New Registered Agent, if changing	

Page 1 of 4

E. If amending or adding additional Articles, enter change(s) here:			
(attach additional sheets, if necessary). (Be specific)			
To Whom It May Concorn:			
To Whom It May Concern:			
Last year, when as treasurer, I filed for reinstatement and accidently left the 'S' off of Estate (S) and I am submitting this amendment to correct it			
Joe Garchinsky (407) 243-9151			

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} Chan \underline{X} Rem \underline{X} Add	nge 10ve	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	<u>nes</u>	
Type of (Check	Action One)	Title		Name	<u>Addres</u> s
1)	Change		_		
•	_ Add				
	_ Remove				
2)	_Change		_		
	_ Add				
	_ Remove				
3)	_ Change		_		
	_ Add				
	_ Remove				
	_				
4)	_ Change		_		
	_ Add				
	_ Remove				
_,	a.				
3)	_ Change		_		
	_ Add				
	_ Remove				
6)	Change				
	_ Add				
<u> </u>	_ Remove				

	date of each amendment(s) adoption:	, if other than the
late	this document was signed.	
Eff	ective date <u>if applicable</u> :	_
	(no more than 90 days after amendment file date)	
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	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 February 3, 2015	
	Signature Cople R. Granlender	
	(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)	
	Joseph Garchinsky	
	(Typed or printed name of person signing)	
	Treasurer	
	(Title of person signing)	