N48311

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Strawberry	Fields Road Maintenance Assoc. Inc.
•	
DOCUMENT NUMBER: N 48 311	
The enclosed Articles of Amendment and fee are submit	ted for filing.
Please return all correspondence concerning this matter t	to the following:
Baseemah A Saleem-Ga	vame of Contact Person)
Strawberry Fields Road M	·
90 Rhythm Road	(Address)
Selving FL 33870	City/ State and Zip Code)
(C	Aty/ State and Zip Code)
E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, please ca	11:
Baseemah Saleen-Gay	at (863) 443 ~ 6 338 (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made paya	ble to the Florida Department of State:
•	\$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	Street Address

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

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

Articles of Amendment to Articles of Incorporation of

Strawberry Fields Road (Name of Corporation as cu	Maintenance	Association Inc. Florida Dept. of State)
N 48311		
(Document N	Number of Corporation	(if known)
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Ne</i>	of For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
		The new
name must be distinguishable and contain the word "cor" "Company" or "Co." may not be used in the name.	poration" or "incorpo	rated" or the abbreviation "Corp." or "Fig."
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u>ESS</u>)	Sales and the sales are a
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		rida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	(Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I describe the second of the second		ccept the obligations of the position.
	Signature of New I	Registered Agent, 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 <math>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		Doe Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change Add Remove	DV	Tim Bennett	180 Rlythm Rd. Solaring, FL 33870
Change Add	DØST	Baseemah A Saleem-bay	Go Rhythm Road Sebring, FL 33870
Change Add Remove	DV	William Ricker	125 Guitar Dr. Sebring, FL 33870
4) Change Add Remove	_D	Sarah Ramer	P.O. Box 1498 Sobring, FL 33871
5) Change Add Remove			
6) Change Add Remove			
		Dogo 2 of 4	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
				* * * * * *
			 	
				
	,			

The date of each amendment(s) add	option:	, if other than th
date this document was signed.	•	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable statutory filing requirement artment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast for th	e amendment(s)
There are no members or memb adopted by the board of directo	ers entitled to vote on the amendment(s). The amendmer rs.	nt(s) was/were
Dated / O / Signature	1/16 A1 9 M	
(By the chair have not bee	an of vice chairman of the board, president or other offin selected, by an incorporator — if in the hands of a receip ppointed fiduciary by that fiduciary)	
	Tad Serraita (Typed or printed name of person signing)	
	President (Title of person signing)	