N93000000475

(Re	equestor's Name)	
(Ac	ddress)	
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SECRETARY OF STATE

C. LEWIS

OCT 7 2013

EXAMINER

COVER LETTER

TO: Amendment Section . Division of Corporations

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

·
NAME OF CORPORATION: LAKE HAMMER ESTATES
DOCUMENT NUMBER: 493 000 000 475
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
WilliE R. Sims (Name of Contact Person)
(Name of Contact Person)
LAKE HAMMER ESTATES (Firm/Company)
(Firm/ Company)
1610 callie ct
(Address)
APOPKA FC. 32703 (City/State and Zin Code)
(City/ State and Zip Code)
W Sims 11 D Cerutury Link, Net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Willie R. Sims at 407 443-5095 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation of

1 AKe HAMM	ner Esta	tes Homenway	ors Assa	iation, Inc.
(Name of Corporation as currently	filed with the Florida Dept	, of State)	-13 / 1300	
N930000	100 475			
	ment Number of Corporation	(if known)		
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporation		rida Not For Profit Corpora	ation adopts the follo	wing
A. If amending name, enter the new nar	ne of the corporation:			
				new
name must be distinguishable and contain "Company" or "Co." may not be used in		incorporated" or the abbrev	iation "Corp." or "h	ıc. ''
B. Enter new principal office address, if (Principal office address MUST BE A ST				
			7	
G. F. A	-1.1		13:	
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O				
			188	granden granden
				rn
		· · · · · · · · · · · · · · · · · · ·	27 %	
D. If amending the registered agent and		in Florida, enter the name	of the	
new registered agent and/or the new	registered office address:		D D	
Name of New Registered Agent:				
New Registered Office Address:	(Florida stre	eet address)		
		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if cha				
I hereby accept the appointment as register	red agent. I am familiar with	and accept the obligations	of the position.	
	Signature of New Registered	Agent, if changing		

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: X Change X Remove X Add	PT John De V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	I	MARIA Sedens	1235 E. Cleveland Ave. ApopKAPL.
Remove 2) Change	<u>5</u>	Lori SlougH	32703 1258 E Cleveland
Add Remove	1/	10 D	Ave. ApopKA FL. 32703
3) Change Add Remove	<u>V</u>	ARMANDO MACIAS	WAY Apopka FC. 32703
4) Change Add	<u>S</u>	MARIA SARRAGO	1231 Cleveland Ave. Apopka P.
Remove			32703
5) Change Add			
Remove 6) Change			
Add			
Remove			

attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<u></u>	
·-···	-

	e date of each amendment(s) adoption:	Sept.	24,	2013	, if other than the
date	this document, was signed.	. .	_ '		FILER
Effe	ective date <u>if applicable</u> :	Sept.	24,	2013	13 SFD 2
	(no m	nore than 90 days after	amendmeht j	file date)	TALLER 30 AM 8: 36
					TALLAGIAK) or
Ado	option of Amendment(s) (<u>CH</u>	ECK ONE)			TALLAHASSEE, FLORIDA
A	The amendment(s) was/were adopted by the was/were sufficient for approval.	e members and the num	ber of votes	cast for the amendr	nent(s)
	There are no members or members entitled adopted by the board of directors.	to vote on the amendme	ent(s). The a	mendment(s) was/	were
	Dated Sept. 2	24, 2013	. /		
	Signature	e A	lm_		
	(By the chairman or vice have not been selected,				
	other court appointed fie	•		or a receiver, music	e, oi
	WilliE	R. Sin s			
	(Typed or p	printed name of person s	igning)		
	PResi'd	ent			
		Title of person signing)			