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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Woldunn Communit	ty Association, Inc.		
	N93000000482			
DOCUMENT NUMBER:				
The enclosed Articles of An	nendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this matt	ter to the following:		
Donald Sparks				
	·	(Name of Contact Pe	erson)	
N/A				
		(Firm/ Company	y)	
397 Woldunn Circle				
	-	(Address)	 	
Lake Mary, FL., 32746				
		(City/ State and Zip	Code)	
don@smartcaatts.com				
F	-mail address: (to be use	d for future annual rep	port notification	n)
For further information con-	cerning this matter, please	e call:		
Donald Sparks		at	407	328-0950
	(Name of Contact Persor			(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certi is Certi (Add	0 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing /	Address	St	reet Address	

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

Woldunn Community Association, Inc.			
(Name of Corporation as currently filed with the Flo	rida Dept. of State		
N93000000482			
(Document	Number of Corporation (if k	nown)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts t	he following
A. If amending name, enter the new name of the cor	poration:		
N/A			The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated	d" or the abbreviation "Corp.	" or "Inc."
B. Enter new principal office address, if applicable:	397 Woldunn Circle		
(Principal office address MUST BE A STREET ADD	RESS Lake Mary, FL., 327	46 ====================================	7630 NDY -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	470 Woldunn Circle	7)H 12: 40
	Lake Mary, FL., 3274	46	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		, enter the name of the	
Name of New Registered Agent: Do	nald Sparks		
397	Woldunn Circle		
Now Projectored Office Address	(F	lorida street address)	
<u>New Registered Office Address</u> : Lak	e Mary	, Florida 32746	5
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered agent I hereby accept the appointment as registered agent I		the obligations of the position	n.
	Signature of New Regist	tered 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 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 Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) <u>× Change</u> Add	<u>P</u>	Jason Shadley	482 Woldunn Circle Lake Mary, FL., 32746
x Remove			Barber, Stephanie
2) <u>×</u> Change Add	<u>TS</u>	Donald Sparks	397 Woldunn Circle Lake Mary, FL., 32746
Remove 3) Remove Add Remove			
4) Change Add			
Remove 5) Change Add Remove			
6)ChangeAdd			
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	
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				•
	N/A			
The date of each amendment(s) adopti date this document was signed.	on:			_, if other than the
N/A				
Effective date <u>if applicable</u> :	(no more than 90 days aj	ter amendment file date		
Note: If the date inserted in this block de document's effective date on the Department.	oes not meet the applicable nent of State's records.	statutory filing require	ments, this date will not	be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the	number of votes cast fo	r the amendment(s)	

	mbers or members entitled to vote on the amendment(s). The amendment(s) was/were board of directors. N/A
Signatu	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) Jason Shadley
	(Typed or printed name of person signing)