

(Req	uestor's Name)	
(Add	ress)	
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(Civ.)	(Ch-h-17:-10h	
(City/	/State/Zip/Phone	: # <i>)</i>
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nam	ne)
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Certified Copies	Certificates	of Status
Special Instructions to F	ilina Officer:	1
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	N: Malibu	Groves Homes	owner's Association -	Inc
	v			
DOCUMENT NUMBER: _	_ d V93000000	794		
The enclosed Articles of Am	endment and fee are subm	itted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
Bach	ara Frazzer	er		
	wa ruse.	Name of Contact Person	n)	
		(Firm/ Company)		
243	3 Sifford Lar	1 P .		
	,	(Address)		
		·.		
	Orlando f	City/ State and Zip Code		
	(City/ State and Zip Code	:)	
1	3:01 1d 110 3:			
E	oiglildoll@ya	for future annual report r	notification)	
	·	·	·	
For further information conc	erning this matter, please o	call:		
Cynth	ia Harris	at 2	407-583:7599 ea Code) (Daytime Telephone Num	
	(Name of Contact Person)	(Ar	ea Code) (Daytime Telephone Nun	aber)
Enclosed is a check for the fo	ollowing amount made pay	rable to the Florida Depa	ertment of State:	
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & [☐\$ 43.75 Filing Fee &	□\$52.50 Filing Fee	
Č	Certificate of Status	Certified Copy	Certificate of Status	
		(Additional copy is	Certified Copy	
		enclosed)	(Additional Copy is	
			Enclosed)	
Mailing A	ddress	Street	<u>Address</u>	
Amendmen			ment Section	

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

Malibu Groves Homeown	ers Association	Inc	
(Name of Corporation as curren	tty filed with the Florida I	Dept. of State)	
JY LULLO 179		<u>.</u>	
(Document Numb	oer of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Pro</i>	fit Corporation adop	ts the following
A. If amending name, enter the new name of the corporat	ion:		
Greater Malibu Groves Nigname must be distinguishable and contain the word "corporal" "Company" or "Co." may not be used in the name.	hborhood Association" or "incorporated" or	ahow Inc the abbreviation "Co	The new orp." or "Inc."
B. Enter new principal office address, if applicable:			<u>. </u>
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
	 		- 51 - 51
C. Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	12 Channing	Ave	
	12 Channing. Orlando Fl.	22611	28
	Driando, 1	2411	
			
D. If amending the registered agent and/or registered offi	ce address in Florida, ente	r the name of the	요. 2
new registered agent and/or the new registered office a		the name of the	\$ 4 <u>4</u>
Name of New Registered Agent:	this Harris		
12	Chanin Au.		
	Channing Am. (Florida:	street address)	
New Registered Office Address:			
Or	lando	, Florida (Zip Cod	32811
	(City)	(Zip Coo	le)
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent. 1 am fa		bligations of the pos	ition.
Q			
	ignature of New 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 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 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	<u>P</u>	Cynthia Harris	12 Channing Aue Orlando 71 32811
2) Change Add	<u> </u>	Elizabeth Bradwell	4634 Stargell Pl Orlando 71 32811
Remove 3) Change Add	_3	Marie White	4437 Malibu St Drlands 71 32811
4) Change Add Remove	<u>T</u>	Barbara Fraizer	P.O. BOX 585585 Oclardo 71 32858
5) Change Add			
Remove 6) Change Add Remove			

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

Employer Identification Number for 82-4787631	
Employer Adentification Number 1010	
22-4787631	
09 110 19 31	
1 11 · · · · · · · · · · · · · · ·	
GREATER MALIBY GROVES Neighborhood Association 1.	7 <u>C</u>
	-

The date	of each amendment(s) add	ption:	, if other than the
late this d	locument was signed.		
Effective	date if applicable:		
		(no more than 90 days after amendment file date)	
	he date inserted in this bloc 's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date will artment of State's records.	not be listed as the
Adoption	of Amendment(s)	(CHECK ONE)	
	amendment(s) was/were add were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	
	e are no members or membered by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were s.	
	Dated March	8,2018	
	Signature	Vo	
	have not been	nan or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
		Cynthia Harris (Typed or printed name of person signing)	
		President (Title of person signing)	