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COVER LETTER

TO: Amendment Section Division of Corporations

SUMMERHILL ESTATES HOMEOWNERS' ASSOCIATION, INC. NAME OF CORPORATION:	
N93000002555 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
BECKY WHEATON	
(Name of Contact Person)	
SUMMERHILL ESTATES HOMEOWNERS' ASSOCIATION, INC.	
(Firm/ Company)	
PO BOX 741356	
(Address)	
BOYNTON BEACH, FL 33474	
(City/ State and Zip Code)	
RJTAXES@YAHOO.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
BECKY WHEATON 561 732-8012	
(Name of Contact Person) (Area Code) (Daytime Telephon	e Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amandment Section Amandment 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

SUMMERHILL ESTATES HOMEOWNERS' ASSOCIATION, INC.

(Name of Corporation as c	currently filed with the Florida Dept. of State)	
N93000002555		
(Document	Number of Corporation (if known)	
ursuant to the provisions of section 617.1006, Florida 5 mendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the	following
. If amending name, enter the new name of the cor	rporation:	
		_The new
ame must be distinguishable and contain the word "co Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the abbreviation "Corp." (or "Inc."
. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDR</u>	<u>RESS</u>)	
	.	
		2018
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	v)	To
		179
		<u>``</u>
. If amending the registered agent and/or registere		ب. د:
new registered agent and/or the new registered o	office address:	3
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	(°1'1.	
	, Florida	
ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: I am familiar with and accept the obligations of the position.	
. ,	and the political state of the political stat	
	Signature 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	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	ALSPACH, JERRY	
Add X Remove			
2) Change	D	NNKO, ERRICK	
Add X Remove			
3) X Change	ST	NUNEZ, JOSEPHINE	8331 NW 57TH DRIVE
Add			CORAL SPRINGS, FL 33067
Remove			
4) Change	P	FUDALLY, JIM	8325 NW 57TH DRIVE
X Add			CORAL SPRINGS. FL 33067
Remove			
5) Change	D	CAMPO, LUZ	8319 NW 57TH DRIVE
XAdd			CORAL SPRINGS, FL 33067
Remove			
6) Change	D	HERMOSILLO, BRANDY	8541 NW 57TH DRIVE
X Add			CORAL SPRINGS, FL 33067
Remove			

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	D	KRELLIN, ADRIANA	8549 NW 57TH DRIVE
X Add			CORAL SPRINGS, FL 33067
Remove			
2) Change	D	MEDINA, CARLOS	8347 NW 57TH DRIVE
X Add			CORAL SPRINGS, FL 33067
Remove	D	RATTRAY, GREG	8573 NW 57TH DRIVE
3) Change Add			CORAL SPRINGS, FL 33067
Remove			
4) Change	<u>n</u>	ZAITSCHEK, SCOT	8365 NW 57TH DRIVE
X Add			CORAL SPRINGS, FL 33067
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
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	10/02/2019	
	e date of each amendment(s) adoption:, if other this document was signed.	her than the
Effec	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nument's effective date on the Department of State's records.	l as the
Adoj	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
8	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 10/1/9 Signature / Mindelland	
	(By the chairman or vice chairman of the board, prosident 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)	
	JOSEPHINE NUNEZ JOSEPHINE NUNEZ (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	SECRETARY-TREASURER	
	(Title of person signing)	