## N94000000165

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SECRETARY OF STATE DIVISION OF CORFORATIONS

14 NOV 18 AM 9: 00

Clewis 14

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Classic La	inding Homed	wners Association
DOCUMENT NUMBER: N9400000	165	
The enclosed Articles of Amendment and fee are sub		
Please return all correspondence concerning this matt	er to the following:	
Jennifer Smith-Bojanic		
	(Name of Contact Person	)
First Service Residentia	l, Inc.	
	(Firm/ Company)	
2950 N 28 Terrace		
	(Address)	
Hollywood, Florida 3302	20	
	(City/ State and Zip Code	<u> </u>
Jennifer.Smith@t	fsresidential	.com
E-mail address: (to be use	d for future annual report i	notification)
For further information concerning this matter, please	e call:	
Jennifer Smith-Bojanic	<sub>at</sub> 954	926-4293 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida Depa	rtment of State:
\$35 Filing Fee \$\times \$43.75 Filing Fee & Certificate of Status	□\$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle eassee, FL 32301

SECRETARY OF STATE GIVISION OF CORPORATIONS

Articles of Amendment to Articles of Incorporation 14 HOV 18 AM 9:00

Classic Landings Homeo	owners Association, I	nc.
<del></del>	y filed with the Florida Dept. of S	tate)
N9400000165		
(Doc	ument Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporate		Not For Profit Corporation adopts the following
A. If amending name, enter the new na	me of the corporation:	
	4 3 16 at all 2 at all 2	The new porated" or the abbreviation "Corp." or "Inc."
name musi be aistinguisnable and contain "Compan <u>y" or "Co," may not be used in</u>		oralea of the aboreviation Corp. or mc.
D. D. A		
B. <u>Enter new principal office address, i</u> (Principal office address <u>MUST BE A ST</u>		
	·	
	<del></del>	
C. Enter new mailing address, if applied	rable:	
(Mailing address MAY BE A POST (		
	<del></del>	
D. If amending the registered agent and new registered agent and/or the new		orida, enter the name of the
	Jennings & Valancy,	ΡΔ
Name of New Registered Agent:		
	311 SE 13th Street	
New Registered Office Address:	(Florida street add	7833/
	Fort Lauderdale	Florida 33316
·	(City)	(Zip Code)
New Registered Agent's Signature, if th	anging Registered Agent	
l hereby accept the appointment as registe		accept the obligations of the position.
	Signature of New Registered Age	nt, 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		Doc Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) X Change	S	HOWARD, TERRY	1100 NW 156 AVENUE
Add			PEMBROKE PINES, FL 33028
Remove			
2) X Change	<u>P</u>	MANIN, CHRISTINE	1097 NW 156 AVENUE
Add			PEMBROKE PINES, FL 33028
Remove 3) X Change	V	DIECIDUE, GAYLE	670 NW 156 AVENUE
Add			PEMBROKE PINES, FL 33028
Remove			
4) Change	<u>D</u>	MULDERS, ELISA	15563 NW 11 COURT
Add			PEMBROKE PINES, FL 33028
X Remove			
5) Change	D	SHOUA, RAN	1014 NW 155 TERRACE
XAdd			PEMBROKE PINES, FL 33028
Remove			
6) Change	<u>T</u>	UCHIYAMA, CHARLOTTE	15552 NW 6 STREET
Add			PEMBROKE PINES, FL 33028
Remove			STAYS THE SAME

If amending or adding attach additional sheet	s, if necessary).	(Be specific)			
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The date of each amendment(s) a date this document was signed.	doption:	r IL SECRETAR STVISTOR OF	Y OF STATE CORPURATION th
Effective date if applicable:	(no more than 90 days after ar	mendment file date)	8 WH 3: 00
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the numberal.	er of votes cast for the amendment(s)	
☐ There are no members or mem adopted by the board of direct	abers entitled to vote on the amendmentors.	nt(s). The amendment(s) was/were	
Dated Nover	nber 5, 2014		
have not be	irman of vice charman of the board, p een selected, by an incorporator – if in appointed fiduciary by that fiduciary)	the hands of a receiver, trustee, or	
Christine	Manin		
	(Typed or printed name of person significant (Title of person signing)	gning)	