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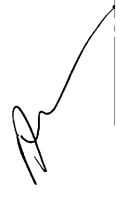
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATIO	N: SAVONA	Homeown	ERS	ASSOCIATION, INC
DOCUMENT NUMBER: _	N94	100000	27.	2
The enclosed Articles of Amo	endment and fee are submitted	for filing.		
Please return all corresponde	nce concerning this matter to th	e following:		
	Judy R	AMAGE e of Contact Person)		
	(Nam	e of Contact Person))	
SAVO	ONA Home Ou	UNUKS /	1550	ICIATION TNC
	SE 40th			
$\mathcal{A}_{\mathcal{F}}$	E CORAL F			
		-		
Judge (Case CORALWAT mail address: (to be used for fu	er front.a	IET	
		ture annual report no	Duncation)
For further information conce	rning this matter, please call:			
Judy P	Amage /Preside	<i>N</i> → at	239	910 - 3443 (Daytime Telephone Number)
Enclosed is a check for the fo	llowing amount made payable	to the Florida Depart	tment of S	tate:
\$35 Filing Fee	(Ad	.75 Filing Fee & tified Copy ditional copy is closed)	Certific Certific	Filing Fee cate of Status ed Copy is sed)
Mailing Ac	· · · · · · · · · · · · · · · · · · ·	Street A	ddress	

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

(Name of Corporation as currently filed with the Florida Dept. of State)
SAVONA HOMEOWNERS ASSOCIATION, INC N94000000272 (Document Number of Corporation (if known)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent:
New Registered Office Address: (Florida street address)
, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the positions
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 I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Trea surer	Kathi Giers	1934 SE 37th TER
$\frac{\checkmark}{}$ Add			GDE CAPE CORAL FR
Remove			33904
2) Change			
Add			
Remove			
3) Change			
Add			**************************************
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional A (attach additional sheets, if necessary)). (Be specific)	
	WA	
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	PAGE 42	
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•	11/1/2/19
	date of each amendment(s) adoption: + (6 00 0 0 0 0 0 0 0 0
Effe	ective date <u>if applicable</u> :
	(no more than 90 days after amendment file date)
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ament's effective date on the Department of State's records.
Ada	option of Amendment(s) (CHECK ONE)
Ą	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
	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 4/6/18
	Signature (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)
	Tudy RAMES (Typed or printed name of person signing)
	Pres Devt (Title of person signing)
	(Title of person signing)