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(Red	questor's Name)
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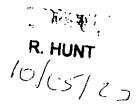


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## **COVER LETTER**

TO: Amendment Section Division of Corporations tover Homeowners Association, Ir DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call:

Enclosed is a check for the following amount made payable to the Florida Department of State:

Certificate of Status

\$35 Filing Fee \$\sum \$43.75 Filing Fee & \$\sum \$543.75 Filing Fee & Certified Copy

(Additional copy is enclosed)

□\$52.50 Filing Fee

Certificate of Status Certified Copy (Additional Copy is

(Daytime Telephone Number)

Enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

(Area Code)

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

The Westover Homeowners Association	1 1x	٦ <i>(</i>
(Name of Corporation as currently filed with the Florida Dept. of State)	<del></del> -	10'
NONDODOFOLIO		
(Decree Number of Company (is leave)		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the follamendment(s) to its Articles of Incorporation:	owing	
A. If amending name, enter the new name of the corporation:		
	e new	
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)		
<del></del>		
	$\sim$	₩
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2023	¥.
muning address MAT BE AT 037 OTTICE BOX)	<u>—</u>	010
		- 50 - 55.
	0CT -5	8 <del>5</del> .
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	PM 12: 4	۾ چ
new registered agent and/or the new registered office address:	<u>'</u> 2	产主
Name of New Registered Agent: HYML BYOWN	-	5.77 75.
O C A O C I O C		
U GLUM CUT Ra,		
New Registered Office Address: (Florida street address)		
Talland Cc00 202	12	
Florida	<u>U</u> )	
(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 position.		
- HATALA		
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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
i) Change Add	P	Gerald, Fu	olwider	4521 Westo Talianascee	VLY Dr. Fl 32303
Remove  2) Change Add	_S_	Amble	: Wagnor	4550 Wimber	ton Court -33303
Remove  3) Change Add Remove	P	Armli	Brown	O Gearnart F	32303
4) Change Add	<u>S</u>	Sasna	Brown	O Glarnart	
Remove					—
5) Change Add		<del>-</del>	<del></del>		<del></del>
Remove					<del></del>
6) Change Add	<del></del>		<del></del>		
Remove					— <sub>22</sub> 0
E. If amending or addin (attach additional shee	ng additio ets, if nece	nal Articles, enter change(s) ssary). (Be specific)	<u>) here</u> :		01VISION OF CO 2023 OCT -5
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date this document was signed.	loption:	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	···
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirempartment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were awas/were sufficient for approve	dopted by the members and the number of votes cast for al.	the amendment(s)

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 $00/35/33$
Signature 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)
Amli Brown (Typed or printed name of person signing)
President

(Title of person signing)