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R. WHITE

TO AUG 31 AN 6: 17

## **COVER LETTER**

Division of Corpo	rations			
NAME OF CORPOR	ATION: Kensingto	n Estates of	Hillsborough Hor	ne Owners Associationine.
DOCUMENT NUMB	ER: <u>N950000</u>			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
	Juan Laz	Name of Contact Person		
		Firm/ Company		
	18940 N.D.	Address HW	Y. Suite 101	<del>_</del>
	Lutz, Fl	33548 City/ State and Zip Code	:	
	E-mail address (to be us	ed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
Name o	of Contact Person	at ( <u>\$13</u> Area Co	) <u>854 - 2414</u> de & Daytime Telephone Nu	ext.3306 mber
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	ertment of State:	
\$35 Filing Fee	□\$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)	
25.		<b>6</b>	4.1.9	

**Mailing Address** 

TO: Amendment Section

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

poration File File

Kensinaton Estates of Hillsborough Homeoutites Association, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)  TALL AHASSEE, FLORIDA
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
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
(Florida street address)
New Registered Office 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 position.
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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	$\mathcal{D}$	Peter Praviti	18940 N. Dale Maby Huy
_X_ Add			18940 N. Dale Maby Hwy Sulte 101
Remove			Lutz, FL 33548 WS
2) Change			<u> </u>
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<del></del>
Remove			<u></u>

	(Be specific)		
			**
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f an amendment provides for an exch provisions for implementing the ame	nge, reclassification, or cancellation	n of issued shares, dment itself:	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	inge, reclassification, or cancellation distributed in the amen	n of issued shares, dment itself:	
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f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	inge, reclassification, or cancellation diment if not contained in the amen	n of issued shares, dment itself:	

The date of each amendment(s) adoption: _ date this document was signed.	08/20/2015	, if other than the
Effective date <u>if applicable</u> :		
enective date in appreciable.	(no more than 90 days after amendment file date	)
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirement of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the am approval.	endment(s)
	the shareholders through voting groups. The following group entitled to vote separately on the amendme	
"The number of votes cast for the am	endment(s) was/were sufficient for approval	
by	noting group)	
	ne board of directors without shareholder action and s	shareholder
☐ The amendment(s) was/were adopted by th action was not required.	e incorporators without shareholder action and share	cholder
Dated 8/20/20	= 15	
	esident or other officer - if directors or officers have	
	ncorporator – if in the hands of a receiver, trustee, or ary by that fiduciary)	other court
<del>_</del>	(Typed or printed name of person signing)	
(	Community Association M (Title of person signing)	langer