N95000005571

(Re	equestor's Name)	
(Ac	idress)	
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<u></u>	WAIT	<u></u>
(Ві	usiness Entity Nar	me)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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DIVISION OF COMPORATIONS
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COVER LETTER

TO: Amendment Section Division of Corporations as Brisas Homeowners' Assoc of Franklin County, Inc 950000055 FEI: 59-3633061 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: **| X** \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy

enclosed)

Mailing Address

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

(Additional Copy is Enclosed)

Articles of Amendment to

of	٠,
Las Brisas HOA of Franklin County, Inc	^
(Name of Corporation as currently filed with the Florida Dept. of State)	
N95000005571 FEI: 59-3633061	
(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 following amendment(s) to 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" 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: 55 Pamela Pucc	
(Principal office address MUST BE A STREET ADDRESS) SOCHAMOU 1, 3235	2
	-3
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: Max E Cross	
55 Pamela Place,	
(Florida street address)	
New Registered Office Address:	O
Opchoppy, Florida 3235	<u>X</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.	
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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change AddRemove	PD	David E Wilder	4434 Sierra Ct Tallahassee FC 32309
2) Change Add Remove	<u> </u>	William of Lane	3919 Lake View Dr Tallahassee, FC 32310
Change Add Remove	SID	Kimberly S. Kogers	MILLA Wildlife Trail Tananassee, FC 32312
4) Change Add Remove	PD	Max E Cross	Sopenoppy 12 Sopenoppy 12 32358
5)ChangeAddRemove	<u>V</u>)	leff Galloway	46 E. First St St George Island, FL 32328
6) Change Add Remove	TSD	Stephanie F. Hend	rix 55 famela Place Sopenoppy FL 32322
		rage 2 of 4	

	dditional Articles, en f necessary). (Be sp	A I I A			
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Sanlember 30 2016
The date of each amendment(s) adoption: Dember 30, 2016, if other than the date this document was signed.
Effective date if applicable: September 30, 2016
(no hore than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption 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.
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 December 09,2016
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)
Stephanie F. Hendrix
(Typed or printed name of person signing)
T.S.D.
(Title of person signing)