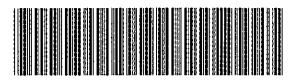
N96000000128

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION		neowners Associat	ion, INC	
DOCUMENT NUMBER:			· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of An	nendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this matt	er to the following:		
Jaime Rivera				
		(Name of Contact F	Person)	
		(Firm/ Compar	ny)	· · · · · · · · · · · · · · · · · · ·
130 Pamala Court				
		(Address)		
Sanford, FL 32771				
		(City/ State and Zip	Code)	
jaimerivera201746@gma	il.com			
F	-mail address: (to be used	I for future annual re	port notification	n)
For further information cond	cerning this matter, please	call:		
Jaime Rivera		a	. • .	314-1566
	(Name of Contact Person	1)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made p	ayable to the Florida	Department of	State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certifi is Certifi	O Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing A	ddress	Si	reet Address	

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

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 of

FILED

Pamala Oaks Homeowners Association, INC

2020 OCT 26 AMII: 37

(Name of Corporation as currently filed with th	e Florida Dept. of State)	SECRETARY OF STATE
N96000000128		MELAHASSER HIT
(Docur	nent Number of Corporation (i	f known)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		sted" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applies (Principal office address MUST BE A STREET A		
(1 mequa office address <u>Most institution</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	
D. If amending the registered agent and/or regi		da, enter the name of the
new registered agent and/or the new register		
Name of New Registered Agent:	Jaime Rivera	
	107 Pamala Court	
V D : 100 AH		(Florida street address)
New Registered Office Address:	Sanford	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		ept the obligations of the position.
_	Jaime	Bimua ristered Agent, if changing
_	Signature of New Reg	istered 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 = Chairmon 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 D V Mike Je SV Sally Sr	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	President	Victoria Engels	124 Pamala Ct Sanford, FL 32771
Remove 2) Change Add	President	Denny Matthew	101 Parnata Court Sanford, FL 32771
XX Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

document's effective date on the Depart Adoption of Amendment(s)	tment of State's records. (CHECK ONE)	
	(no more than 90 days after amendment file date) does not meet the applicable statutory filing requirements, this date will not	be listed as the
Effective date if applicable:	(no more than 90 days after amendment file date)	
The date of each amendment(s) adopt date this document was signed.	tion;	, if other than the
		
		
		
		-
		
		
		
		
		

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

was/were sufficient for approval.

Signature Gairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, of other court appointed fiduciary by that fiduciary) Jaime Rivera (Typed or printed name of person signing)	Dated	October 17, 2020
have not been selected, by an incorporator – if in the hands of a receiver, trustee, o other court appointed fiduciary by that fiduciary) Jaime Rivera	Signat	ire Jaine Lines
		have not been selected, by an incorporator - if in the hands of a receiver, trustee, or
(Typed or printed name of person signing)		
		Jaime Rivera
Secretary. (Title of person signing)		(Typed or printed name of person signing) Lecretary.