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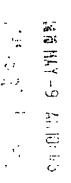
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Wat S. Jan.

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: TUCOS	ng Hawk Ran	ch Unit	2 Homeu	MUNCK
DOCUMENT NUMBER: MALOU	0001366			<del></del>
The enclosed Articles of Amendment and fee	e are submitted for filing.			<b>*</b> .⊼.
Please return all correspondence concerning t	his matter to the following:			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Tammy Rec	28			
	(Name of Contact Pe	erson)		3
	(Firm/ Company	)		
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	(Address)		·-·	
Ocara FL	34480			
	(City/ State and Zip C	Code)		
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For further information concerning this matter		ort notification)		
Seth mc Brid (Name of Contact	12 Prysingital	352	286-941	ما ر
				e Number)
Enclosed is a check for the following amount			te:	
\$35 Filing Fee \$43.75 Filing Certificate of	Fee & \$\sumsymbol{\sumsymbol{2}}\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifica Certified	te of Status Copy nal Copy is	
Madden Address				

#### 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

## Articles of Amendment to

### Articles of Incorporation

of

Thring Hawk Ranch U	nt 1 Hom	YOWNERS	45504 IV	<u> </u>
(Name of Corporation :	as currently filed w	vith the Florida	Dept. of State)	_
<u> </u>	ما جا			
(Docume	ent Number of Corp	oration (if knowr	1)	
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:		rida Not For Pro	ofit Corporation adopts	s the following
A. If amending name, enter the new name of the	corporation:			
				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corporation" or "i	incorporated" or	the abbreviation "Cor	p." or "Inc."
D. Enternance desired at 1800 and 1800 at 1800			*	v. Tri
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD				
				an En
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<u>0x</u> )			5 11. E
		·		
D. If amending the registered agent and/or register	ered office address	in Florida, ente	r the name of the	<del></del>
new registered agent and/or the new registered	office address:			
Name of New Registered Agent:	<del></del>		<del></del>	<del></del>
<u>New Registered Office Address</u> :		(Florida s	street address)	
			, Florida	
_	(City)	<del></del>	(Zip Code)	
New Registered Agent's Signature if share! De-	gistanad A4-			
New Registered Agent's Signature, if changing Reginered agent.  I hereby accept the appointment as registered agent.	gistered Agent: I um familiar with	and accept the o	bligations of the positio	o <b>n</b> .
	Signature of	New Registered .	Agent, if changing	<del></del>

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>Doe</u> Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Change	<u>D</u>	marcia Williams	9040 SE 7th Ave 172 Ocala FL 34480
Remove  2) Change Add	<u>D</u>	Hollymaro	8899 SE 74 AVE RO OCAIA FL 34480
Remove 3) Change Add			
Remove 4) Change Add			
Remove Change Add			
Remove  6) Change  Add  Remove			
			<del></del>

If amending or adding (attach additional sheets,	additional Articles, enter c if necessary). (Be specific	<u>hange(s) here</u> : c)		
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The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the a was/were sufficient for approval.	mendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s adopted by the board of directors.	) was/were
Dated May 6, 2019	
X Signature	
(By the chairman or vice chairman of the board, president or other officer have not been selected, by an incorporator – if in the hands of a receiver other court appointed fiduciary by that fiduciary)	
x Seth Marik	
(Typed or printed name of person signing)	
· President	
(Title of person signing)	

if other than the