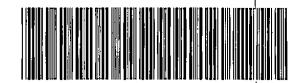




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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	roperty Owners Association, In	ıc.		
N96000005966				İ
DOCUMENT NUMBER:				<u> </u>
The enclosed Articles of Amendment and fee	are submitted for filing.			ļ
Please return all correspondence concerning the	his matter to the following:			
Stephanie Harris				
	(Name of Contact Pers	son)		ĺ
Signature Property Management, Inc.				
	(Firm/ Company)			
459 NW Prima Vista Blvd				
	(Address)			
Port St Lucie, FL 34983				
	(City/ State and Zip Co	ode)		
stephanie@signaturepropertymgmt.com				
E-mail address: (to	be used for future annual repor	rt notification)	
For further information concerning this matter	, please call:			
Stephanie Harris	atat	772	219-4474	
(Name of Contac	t Person) (Area Code)	(Daytime Telephone Nur	nber)
Enclosed is a check for the following amount	made payable to the Florida De	epartment of S	State:	
S35 Filing Fee S43.75 Filing Certificate of	Status Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section		et Address Indment Secti	on	

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

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

Articles of Amendment to Articles of Incorporation of

The Villas Property Owners Association, Inc.			
(Name of Corporation as curren	tly filed with the Florida Dept. of State)		
N96000005966		ļ	
(Document Numb	er of Corporation (if known)		
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation ado	pts the fol	owing
A. If amending name, enter the new name of the corporati	i <u>on:</u>		
			e new
name must be distinguishable and contain the word "corporal" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "C	orp. or	Inc.
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	c/o Signature Property Management, Inc.		
	3232 SE Dixie Hwy, Unit B		
	Stuart, FL 34997		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	c/o Signature Property Management, Inc.	ואבנ	2019.SEP
	3232 SE Dixie Hwy, Unit B		P 3.0
	Stuart, FL 34997	हर १४१ १४.	1
D. If amending the registered agent and/or registered office	ce address in Florida, enter the name of the	17. 17. 17.	PH_3:-
new registered agent and/or the new registered office a		;::	- 8
Name of New Registered Agent:		_	<u> </u>
	(Florida street address)		<u> </u>
New Registered Office Address:			
		-de)	<u> </u>
	·		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		sition.	
S	ignature of New Registered Agent, if changing		

Page 1 of 4

address of each Offic (Attach additional she Please note the officer P = President; V= Vid	er and/or Directets, if necessary) /director title by ce President; T= O = Chief Finan	tor being added: the first letter of the office title: Treasurer; S= Secretary; D= Directo cial Officer. If an officer/director hole	or; TR= Trustee; C = Chairman or Clerk; CEO = ds more than one title, list the first letter of each
	leaves the corpo	ration, Sally Smith is named the V and	sted as the PST and Mike Jones is listed as the V. d S. These should be noted as John Doe, PT as a
Example: X Change X Remove X Add	<u>V</u> <u>M</u>	nn Doc ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PD	Kathleen Saigh	3232 SE Dixie Hwy
Add			Unit B
XX Remove			Stuart, FL 34997
2) XX Change	SD	N Cherise Kennen	3232 SE Dixie Hwy
Add			Unit B
Remove			Stuart, FL 34997
XX Change	VP, T	Virginia Adams	3232 SE Dixie Hwy
Add			Unit B
Remove			Stuart, FL 34997
4) Change	PD	Kimberly Roden	3232 SE Dixie Hwy
XX Add			Unit B
Remove			Stuart, FL 34997
5) Change			

____ Add

6) ____ Change

____ Add

___ Remove

____ Remove

Page 2 of 4

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)		
	<u> </u>	
	<u> </u>	
	 	
	 	
<u> </u>	 	
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	+	
	+	
	+	

	1 July 2019	\ \
The date of each amend		_, if othe
date this document was si	igned.	
Effective date if applica	ble:	
	(no more than 90 days after amendment file date)	
	I in this block does not meet the applicable statutory filing requirements, this date will not be on the Department of State's records.	e listed a
Adoption of Amendmen	it(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were sufficient to	vas/were adopted by the members and the number of votes cast for the amendment(s) for approval.	
There are no member adopted by the board	ers or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.	
Dated _	1 July 2019	
Signature _	Mora Cherisi Kennen	_
h	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)	
	N. Cherise Kennen	
	(Typed or printed name of person signing)	
	Secretary	
	(Title of person signing)	l