

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500310339915

03/14/18--01016--015 **35.00

S TALLENT MAR 1 9 2018

18 HAR 11 AM 7: 23

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	b Homeowners Association Inc.
DOCUMENT NUMBER:	N97000004997
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning to	his matter to the following:
Valerie Marble	
	(Name of Contact Person)
	(Firm/ Company)
172 Golfside Circle	
	(Address)
Sanford Fl. 32773	
	(City/ State and Zip Code)
thomasrowe4427@att.net	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	r, please call:
Valerie Marble	352-250-3745
(Name of Contac	t Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Florida Department of State:
	Status Certified Copy (Additional copy is enclosed) Status Certified Copy (Additional Copy is Enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Mayfair Club Home	eowners Association.Inc.					
	(Name of Corporation as curr	ently filed with the F	lorida Dept. of State)			
CC5212329337	CC5212329337 N9700000 4997					
	(Document Nu	mber of Corporation (if known)			
	isions of section 617.1006, Florida Stat Articles of Incorporation:	tutes, this <i>Florida Not</i>	For Profit Corporation adopts the following			
A. If amending nar	me, enter the new name of the corpor	ration:				
			The new			
	guishable and contain the word "corpo " may not be used in the name.	oration" or "incorport	ated" or the abbreviation "Corp." or "Inc."			
	cipal office address, if applicable: dress MUST BE A STREET ADDRES	<u> </u>	ஆர் க			
			<u> </u>			
		.				
	ing address, if applicable:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(Mailing address	S MAY BE A POST OFFICE BOX)					
	registered agent and/or registered o agent and/or the new registered offic		da, enter the name of the			
		e muut ess.				
<u>ıya</u>	me of New Registered Agent:					
		(Florida street address)				
<u>N</u>	lew Registered Office Address:					
			Florida			
		(City)	(Zip Code)			
	ent's Signature, if changing Register appointment as registered agent. I am		ept the obligations of the position.			
						
		Signature of New Re	gistered 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	<u>V</u> <u>Mi</u>	nn Doe ke Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	p	Valerie Marble	172 Golfside Circle
x Add			sanford, Fl. 32773
Remove			
2) Change	V	Anthony Detommaso	120 Circle Hill rd.
x Add			Sanford, Fl. 32773
Remove			
3) Change	<u>T</u>	Elizabeth Almeida	151 Circle Hill Rd.
Add			Sanford, Fl. 32773
Remove			
4) Change	D	Joy Brown Crosby	134 Circle Hill Rd.
x Add			Sanford Fl. 32773
Remove			
5) Change	S	Mario Nateras	158 Golfside Circle
x Add			Sanford, Fl. 32773
Remove			
6) Change	Т	Lillian Miranda	103 Golfside Circle
Add			Sanford, Fl. 32773
x Remove			

f amending or adding a ttach additional sheets, i	f necessary).	(Be specific)					
			-				
			· · · · · · · · · · · · · · · · · · ·				
							
	= .					. 	
			<u> </u>				
 .							
			· · · · · · · · · · · · · · · · · ·		·		
_			<u> </u>				
 							
				· · · · · · · · · · · · · · · · · · ·			
			•	<u>_</u>			
		· · · · · · · · ·					
			 ·				
		<u></u>		····			
				 			
	-		• •				
			 -	·····-	-		

The	date of each amendment(s) adopt	ion:	, if other than the
late	this document was signed.		
Effe	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this block oument's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will neent of State's records.	ot be listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	
	There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
	Dated 3/6/2018		
		mk	
	have not been se	or vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary)	
	Valerie Mart	ole	
		(Typed or printed name of person signing)	
	President		
		(Title of person signing)	