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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

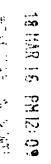
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S TALLENT MAR 1 9 2018



Grend



February 23, 2018

JOAB WILLIAMS 8500 SW 136TH PLACE OCALA, FL 34473

SUBJECT: TIMBERWALK HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N97000006820

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

PLEASE PLACE TITLES FOR ALL OFFICERS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

RECEIVED

8 MAR 16 PM 12: 1,
ECRETARY OF STATE
LAMASSEE, FLORE

www.sunbiz.org

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Letter Number: 518A00003827

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Timbe wa	IK Homeownes Alberia Hon, Inc			
DOCUMENT NUMBER: N970000	16820			
The enclosed Articles of Amendment and fee are submi	itted for filing.			
Please return all correspondence concerning this matter	to the following:			
josh moses				
(Name of Contact Person)			
The Florida Lega	(Firm/Company)			
,	(Firm/ Company)			
1024 E Jilve	springs Blud.			
	(Address)			
Ocala Florid	a 34470			
. (0	City/ State and Zip Code)			
JM @ the flort	la legala drucacy group. com por future annual report notification)			
For further information concerning this matter, please co				
Jush ruses	at 352 772 8030 (Area Code) (Daytime Telephone Number)			
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)			
Enclosed is a check for the following amount made pays	able to the Florida Department of State:			
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$ Certified Copy (Additional Copy is Enclosed)			
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

Timberalk Homeoun (Name of Corporation as curren	es Associ-Lio	Tac
<u> </u>		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit</i>	Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:	
N/A		The non
N/A name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the	e abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	NA	20% = 3
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		200 mg
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	NA	, et 15
		14 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		a superior of the support of the
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a	e address in Florida, enter t ddress:	he name of the
Name of New Registered Agent: USO	: williams	
250	0 Sw 136 x5	Place
	(Florida stre	eet address)
New Registered Office Address:	,	
	1/a	Florida 34473 (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	milar with and accept the obli	
Si	B WW/\\ gnature of New Registered Ay	vent, 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>Mik</u>	<u>n Doe</u> e Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	ATD	Bethsy (over	8402 SW 1364
Add Remove			Ocala, FL 34473
2) Change	ACB	Robert Riviotta	8291 SW 135K
Add Remove 3) Change	<u>v0</u>	Rohert Demoya	13400 SW 86th Ave.
Add Remove 4) Change Add	_5_	Berl Leijl Acevedo	00.16 FL 34473 8402 SW 136+5
Remove 5) Change Add	5	Hyacinth Thomas	Ocala, FC 34477 E454 Sw 1365 Top
Remove 6) Change X Add	T	Gilbert Evans	016/a FL 34473 8240 Sw 135th
Remove		Page 2 of 4	Ocala FL 34473

E. <u>If amending c</u> (a <i>ttach additio</i>	or adding additional sheets, if necessity	onal Articles, e essary). (Be s	nter change(: pecific)	s) here:			
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		if other than the
Jali	e this document was signed.	
Cff	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be tument's effective date on the Department of State's records.	listed as the
٩d٥	option 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.	
æ	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 $\frac{3/12/1\hat{\varepsilon}}{\sqrt{\sqrt{\sqrt{2}/12}}}$	
	Signatur (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)	
	Joab Williams	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	